GRIEF-CARE AND GRIEF-RECOVERY FOR THE CHURCH IN THE TWENTY-FIRST CENTURY

A THESIS-PROJECT

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To my Lord and Savior Jesus Christ without whom I could not have done this project.

Thank you

“Religion that is pure and good is to take care
of widows and orphans in their distress. This is fulfilling the Law.” (James 1:27)

— Don Kabrich

CONTENTS

LIST OF ILLUSTRATIONS vi

ACKNOWLEDGMENTS vii

GLOSSARY viii

ABSTRACT x

Chapter

1. THE PROBLEM IN ITS SETTING 1

2. LITERATURE REVIEW 17

3. BIBLICAL AND THEOLOGICAL FOUNDATIONS 39

4. THESIS-PROJECT 57

5. ASSESSING THE RESULTS 77

Appendix

A. SCHEDULE FOR ADMINISTRATION OF QUESTIONNAIRES 99

B. GRIEF-CARE HANDOUT 101

C. IRB APPLICATION 103

D. IRB INFORMED CONSENT FORM 112

BIBLIOGRAPHY 116

VITA 123

ILLUSTRATIONS

Figure

1. Bereavement Questionnaire 65
2. Bereavement Questionnaire Sample Answer Values 78

Table

1. Participants' 1st SBCS Level 79
2. Participants' 2nd SBCS Level 82
3. Participants' 3rd SBCS Level 82
4. Combined Participant Results 83
5. Non-Remembrance Practice Participants' 1ST SBCS Level 85
6. Non-Remembrance Practice Participants' 2ND SBCS Level 85
7. Non-Remembrance Practice Participants' 3RD SBCS Level 86
8. Combined Non-Remembrance Participant Results 87

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GLOSSARY

Aninut – Mourning period prior to burial, preferably a day or less.

Complicated Grief – Complicated grief as it relates to feelings associated to mourning the loss of someone is considered complicated when the bereaved have not grieved or are stuck in a type trauma where it creates unhealthy patterns in behavior.

Gold Star – Refers to Army title given to spouses of their servicemen killed in combat.

Greif-care – Grief-care can be understood to mean a process of coping with a loss suffered that is based on supporting a healthy mechanism for healing.

Grief-recovery – The process of healing from a loss.

Kaddish – Recitation of the Kaddish prayer, which is recited for eleven months though a full year of grieving is observed.

Lifegroup – A group that meets weekly focusing on Sunday school activities, also known as church small-groups.

Mean – In statistical analysis, it is the average of all the data.

Midrash – Is an interpretive act, seeking the answers to religious questions, both practical and theological, by plumbing the meaning of the words of the Torah.

Mishnah – Is a collection of originally oral laws supplementing scriptural laws.

Mitzvah – It means "to lay charge, command, or order; mitzvah: a commandment." But the word also carries with it, from Yiddish, the sense of something a person ought to do; a good deed.

Remembrance Device – A physical object of any kind used as a personal reminder, e.g. necklace.

Senior – Church attenders generally over the age of 70.

Shanah – Mourning period of one year.

Shiva – Meaning "seven," takes place over the seven days immediately following the funeral. During Shiva, the family gathers every day in a family home to mourn and pray.

Shloshim – Mourning period of 30 days.

Standing Stones – Objects for used for remembrances based on the ancient Hebrew practice of stacking stones.

Talmud – The word Talmud is derived from the Hebrew verb 'to teach', which can also be expressed as the verb 'to learn'. The Talmud is the source from which the code of Jewish Halakhah (law) is derived.

ABSTRACT

Do Jewish seniors recover from loss more quickly and effectively than Christians do in the United States? There are reasons to believe they do. If so, perhaps it is because they follow a time-tested, biblically based set of practices for processing grief. From my research into the subject and a six month study of a select group of grieving seniors in the church I serve, I believe Christians might benefit from a revised approach to grief-recovery which includes Jewish mourning traditions. As minister to a large congregation of seniors, I can confirm grief-care deficiencies exist in typical American church practice.

CHAPTER ONE

THE PROBLEM IN ITS SETTING

Introduction

My Grief Experience

I had recently retired from the military. I was 48 years old and felt as if I was shutting down physically, emotionally and psychologically.[1] I thought the worst-case scenario was that I might be experiencing some residual effects due to a previously suffered traumatic brain injury, or escalation of post-traumatic-stress-disorder, maybe some separation anxiety or perhaps all three. Undoubtedly, it is possible all of these issues contributed to my depressive state. I felt overwhelmed and paralyzed. I lay in bed from morning to evening, watching the sun both rise and fall, never leaving my bed. I had no energy to do anything. I just wanted to sleep.

A year went by trying various forms of counseling and medications before I was able to partially function in society again. Now, years later and finally educated on grief, I have come to believe that it was the substantial loss I suffered just prior to leaving the military that triggered this depressive episode. Somehow, I did not see it coming. For years I had operated at the highest of military operational levels. But something I never considered important put me at a disadvantage in life.

1. Pastoral Counseling Personal Observations and Reflections Assignment. Pastoral Theology in Practice: Pastor as Caregiver, Gordon Conwell Theological Seminary, Charlotte, N.C. Campus, February 2019.

Misunderstood Grief

It was December 2011 when the downward spiral all began. I had just returned from a lengthy, fourth deployment to Iraq.[2] I flew to Spokane, Washington just in time to watch my grandfather, my greatest friend and hero, breathe his last. I sat by his side at the VA nursing home, trying to sing along with the rest of the family some of his favorite college alma mater songs. It was difficult because we were trying to act encouraging, while watching and hearing him in a process of labored breathing. Soon he was gone. In short order I flew back to Fort Campbell, Kentucky. There was no service, and I was left with just an empty feeling.

One month later, my father said he had cancer. Three months after that in April, I was at his bedside saying goodbye to my unresponsive dad. A few weeks later, I watched him being lowered into the ground. I wore my uniform and was the strong one when called upon to coordinate the planning of the service. After it was all over, I drove my father's truck with a few of his old belongings back to Fort Campbell. I went back to work, trying to do my best to honor his memory by being strong and silent.

In August of that same year my mother was admitted into the hospital for Chronic Obstructive Pulmonary Disease. I had no idea she had been previously diagnosed. Even though she lived across the street from us, I was still oblivious to her condition. She was transferred to a nursing home and after thirty days released to go home. She was thin, frail and sickly. After several more complications, she went back to the hospital for the last time in late April. I stood vigil all night by her side. She was in such respiratory distress that I found myself praying

2. I had a 29-year career with 18 of those years serving as an Army Special Forces soldier. Deployments to the Middle East began in 1996. My career culminated with four combat deployments to Iraq during Operation Iraqi Freedom where I was wounded from an IED near Mosul in 2004. My final tour was as a Special Forces advisor to the Iraqi Special Forces in Baghdad 2011. Don R. Kabrich, *Where the Heart Lies* (Hastings, Fl: WC Publishing, On-Target Words, 2018).

earnestly for God to take her home and give her peace. I watched my mom breathe her last the next day, May 18th, 2012. It was another service, another uniform, and another chance to be the strong one. I left the military less than six months later. In that time there were a lot of things to do in order to resettle an entire family and begin anew. There was no time for grieving. Any grieving I had to do would have to take care of itself.

Lessons Learned About Grief

Fast forward to the Spring of 2013. I was on my back unable to leave my bed, never suspecting grief to be the reason for my lethargic condition. Looking back and knowing what I know now about the effects of unresolved grief, I clearly see that three dramatic and painful personal deaths, all occurring within fifteen months, could have been the catalyst for my suffering. To this day I am unable to spread my mother's ashes, empty her purse, or throw away boxes of files. I am devastated to have lost mostly everyone who was important to me. I was not ready and did not see any of it coming. I was in my mid-forties and in the blink of an eye, my mother, father, and grandfather were gone. My grandmother would soon follow.

These deaths are in addition to the several friends and comrades I lost while serving in the Army over the years. I thought I was immune to grief and mourning. But apparently, not even hardened soldiers are immune. This experience, as well as later work as a Pastor of Senior Adults, has led to this thesis-project. I have become convinced that there needs to be a new or deepened awareness of the harm that can result from unresolved grief in today's church. Grief, gone untreated, can cause many debilitating depression-like symptoms, like hopelessness, anxiety or difficulties concentrating. But what is really causing the symptoms may not be

discovered until much later. Churches have a lot of work to do if they want to shepherd healthy congregations through the difficult process of grief.

Understanding the Oppression of Grief

Recently, while reviewing a GriefShare workbook, I was struck by a page that had 165 negative side effects which can occur due to experiencing the death of a loved one.[3] To my shock, I experienced many of those negative effects, everything from anxiety and depression to loss of interest and excessive sleeping. Yet, no matter who I spoke with, what counseling I received, or medication I took, not one person ever suggested that my symptoms might be the result of experiencing loss.

In an article for the American Hospice Foundation, Kenneth Doka insists that if healthy grieving and mourning do not occur and sadness or depression go on for prolonged periods of time, a state of complicated or unresolved grief may set in. The symptoms do not diminish over time but instead become more pronounced. Normal activities become difficult and an endless routine of increasingly distressing circumstances besets the grief-stricken. They might experience social withdrawal, trouble with memory and concentration, loss of appetite, sadness and depression, trouble sleeping, tiredness, weakness, dwelling on mistakes whether real or imagined, feeling alone and distant from others, and expressing anger easily.[4]

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3. The GriefShare participant workbook contains a video note-taking section, a daily personal Bible study, a weekly journaling and "grief work" section, insights from prominent Christian leaders, helpful articles, Scripture tear-out cards, and a gospel presentation. Each group member receives a GriefShare workbook to be used throughout the 13-week GriefShare program. *Grief Share: Your Journey From Mourning To Joy* (ASIN**:** B010W71M5W, 2007).

4. American Cancer Society, "Grief and Bereavement," accessed March 22, 2021, https://www.cancer.org/treatment/end-of-life-care/grief-and-loss/grieving-process.html.
Kenneth J. Doka, "An introduction to grieving," Hospice Foundation of America, accessed March 22, 2021, https://hospicefoundation.org/End-of-Life-Support-and-Resources/Grief-Support/Journeys-with-Grief-Articles/An-Introduction-to-Grieving.

Peter Scazzero says, “It’s impossible to be spiritually mature, while remaining emotionally immature.”[5] Yet, wanting to protect the church culture and present a positive image, many church attenders avoid speaking about negative feelings, such as anger, fear, possessing a lack of faith, or even grief. In their eyes, to express one’s personal grief may be considered weak. Fear of being cast in a negative light causes many to avoid sharing their feelings. However, honest transparency does not show weakness but strength. If truly a family, church people should find it easier to be themselves in the company of those with whom they have a spiritual connection. Regrettably, spiritual conditions within many churches are not conducive to fostering such intimacy.

But God desires that His people enjoy the freedom found in honest expression, for in transparency they are able to better identify and process in a healthy manner what they are experiencing emotionally.[6] It is good for the keeper of his or her soul to speak openly and honestly, without any shame associated with it. Helping people to live honestly and vulnerably before God and their church family should be every minister’s mission. It would be equally valuable if their goal included helping people break free from the pain that may be oppressing them as well.

Unfortunately, Christian people may be justifying their lack of transparency by a faulty understanding of certain passages of Scripture. “Rejoice in the Lord always,” for example, can

5. Peter Scazzero, *Emotionally Healthy Spirituality: It’s Impossible to Be Spiritually Mature, While Remaining Emotionally Immature*, updated ed. (Grand Rapids: Zondervan, 2017), 17.

6. “At the same time the God of the universe has made his home in us (John 14:23). The very glory God gave Jesus has been given to us (John 17:21–22). The Holy Spirit has been given to empower us that we might break free into our true selves in Christ. By God’s grace we are to be the freest people on earth!” Scazzero, *Emotionally Healthy Spirituality*, 60.

be taken out of context and repeated as a mantra which does more harm than good.[7] This verse does not mean to act happy all the time, and it certainly should not be used to take away a person's need to grieve in the company of God's people.[8]

Therefore, it is imperative that God's people are encouraged to express their true feelings by the proper illumination of God's Word. Christians are emotional beings with real or even heightened emotions. To experience suffering and death in healthy ways can actually bring new life and resurrection.[9] American society and culture have wrongly minimized the impact that losing someone can have on a person. It is incorrect to think that processing grief is optional or can be quickly recovered from. It would be equally wrong to assume that grief, improperly resolved, would not be capable of causing major problems. On the contrary, I believe it is exactly what caused these issues in my life and does so to many others.

The Problem of Modernization

It is not clear how a lack of knowledge about, or appreciation for, grief-care could occur in a modern society such as the United States in which healthcare, medicine, and science are prioritized. Early 20th-century grief-care pioneer and psychiatrist, Elisabeth Kübler-Ross, reasons that the cause may be rooted in the arrival of modernization itself to the shores of western society. The rapid introduction of modern innovations contributed to the creation of a faster pace

7. Philippians 4:4. If not stated otherwise, all biblical references found within this thesis-project are from the English Standard Version (ESV) of the Bible. These do not include cited verses that other authors used and whose exact quotations have been utilized.

8. Two-thirds of the psalms are laments, complaints to God. God grieves in Genesis for having created humanity (Genesis 6:6). Scazzero, *Emotionally Healthy Spirituality*, 96.

9. "Suffering and death bring resurrection and transformation. Jesus himself said, "I tell you the truth, unless a kernel of wheat falls to the ground and dies, it remains only a single seed. But if it dies, it produces many seeds" (John 12:24). But remember, resurrection only comes out of death real death." Scazzero, *Emotionally Healthy Spirituality*, 102.

in life, which led, in turn, to the decline of intimate and supportive family relations. Families became more busy and mobile, and family members lived further apart.[10]

This faster pace, and the consequent loss of family traditions, may also have contributed to American society forgetting that grief has always possessed a spiritual component. Grief is not solely a medical problem.[11] On the contrary, people have always obtained comfort from their religion and spirituality.[12] As Christians, therefore, we should see mourning and grief as a spiritual matter and consider the best grief-care as soul-care.[13] Churches should seek out available resources for how best to minister to spiritual matters of this kind, and once found, place them into use.

Unfortunately, one of the most important resources is often overlooked: historical traditions. Perhaps how things were done long ago seems less sophisticated to some, or people simply prefer new ways to older ones. Maybe the old ways have been forgotten. But whatever the reason, I would argue that churches, and especially students of the Bible, should embrace the lessons learned in the past. My contention, in fact, is that the practices of ancient biblical cultures may provide the best models for the modern church, especially if it desires to overcome the

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10. Elisabeth Kübler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy, and their own Families* (New York: Scribner; 2014).

11. "A wound inflicted by the breach of death does not cause pain that is mitigated by chemicals; it causes suffering that needs to be healed by the spiritual insights unlocked by our tradition, which address the anguished moments of the bereft. It is on the spiritual landscape that we engage the process of mourning." Maurice Lamm, *Consolation: The Spiritual Journey Beyond Grief* (Dulles, VA: JPS, 2010), loc. 1481-1484, Kindle.

12. "Indeed, there are strong theoretical rationales for positing that religion and spirituality can strongly impact the process of grieving. For many individuals, religion or spirituality underlies their general approach to life and forms the system of meaning through which they experience and understand the world and operate on a daily basis." Crystal L. Park and Roshi Joan Halifax, "Religion and Spirituality in Adjusting to Bereavement: Grief as Burden, Grief as Gift," in *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, ed. Robert A. Neimeyer, Darcy L. Harris, Howard R. Winokuer, and Gordon F. Thornton (New York: Routledge, 2011), 363–372.

13. "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God" (2 Corinthians 1:3–4).

problems of western modernization. Slower pace, smaller congregations, extensive ritual practices all have something to say to the busy, fragmented, modern church which seeks to help its members process grief.

Based upon my research of organizations that deal with Christian seniors in America, there does not seem to be a consistent, corporate means by which churches assist and support their seniors who are grieving a loss.[14] Additionally, there do not seem to be shared Christian grief-care goals, or methods for tracking the grief-recovery process. Without such, the people who grieve do not receive the support they need, the caretakers do not know how best to support, and the congregations are not sure what their role should be. Awkward is probably the best word to describe how some feel regarding caring for seniors who are grieving a loss.

Some Problems in the Modern Church

No shared formula exists for how churches should minister to the bereaved among them. But it is clearly not enough to limit grief-care to attending a single funeral or memorial service, completely separated from regular church life. In the weeks that follow the trauma of death, seniors who have lost loved ones need a roadmap to guide them or an organized support network upon which they can rely. Yet for many, the American church culture is fashioned in such a way that acceptable expressions of emotion are limited to joy, happiness, and enthusiasm. For some of these churches, the desire to maintain a momentum that draws outsiders may be adding to the

14. There are several church grief-related ministry models that assist people dealing with grief. There is not a one, combined, universal system however that is used by American churches. Most popular is the GriefShare system that uses a workbook, video notetaking, a daily personal Bible study, a weekly journaling and "grief work" section with insights from prominent Christian leaders and helpful articles, Scripture tear-out cards, and a gospel presentation. It is a limited in duration, multi-week program that can be attended at any point in the grief process. For more information, see Church Initiative, https://www.churchinitiative.org/, accessed March 22, 2021.

difficulties.[15] Being mostly evangelistic in nature, church leaders may not be allowing the hurting seniors to adequately live out a full process of grief in their own churches.

Naturally, church attenders consider the death of someone to be a very negative and harrowing experience. And those deaths may not fit the mold for the type of messaging leaders want to advance for the sake of evangelism and membership growth. Since death is considered so negative an outcome, churches may wish to move the incidents out and away from the premises as soon as possible.[16] But death and mourning are just as much a part of church life as births and marriages. By not embracing mourning and the beauty that bereavement can bring to the overall life of the church, guests and outsiders see people just going through the motions. They also witness our rushed, uncomfortable, contrived moments of compassion and affection.

In some churches the principles of mourning and grief themselves may be incorrectly understood. As a result, these grief scenarios are treated as negative, unwelcome and unwanted situations. They believe their presence makes it more difficult for their churches to be positive

15. Most recently, in the 1980s, the United States saw the rise of something that has been named the "Seeker Sensitive Movement." Churches who found themselves wanting to participate made sure to cater to attracting the worldly, non-Christian people of the world, enticing them to start coming to church. Salvation of souls was the goal of the churches, but it came at the cost of not being a close family anymore of authentic, pious, holy minded worshipers who will care for one another. Gone are the days where it was all right to be yourself. See, for example, Rick Warren, *The Purpose Driven Church: Every Church is Big in God's Eyes* (Grand Rapids: Zondervan, 1995).

16. "The new funeral director ("new" because he has replaced the simple undertaker) is a "doctor of grief," an "expert at returning abnormal minds to normal in the shortest possible time." They are "members of an exalted, almost sacred calling." Thus mourning is no longer a necessary period imposed by society; it has become a morbid state which must be treated, shortened, erased by the "doctor of grief." Ariès, *Western Attitudes toward Death:* loc. 99-100, Kindle.

beacons of hope to a world needing Jesus.[17] But the world needs Jesus and His disciples to walk with the brokenhearted through their trials.[18] This is being a beacon of real hope.

The Problem of being Overwhelmed by Suffering

Some church attenders and their extended family members are in assisted living facilities, or in hospitals; they are homebound, convalescing, and sometimes churches possess a long list of widows and widowers. But churches who list these seniors' situations in their bulletins may be indirectly causing some degree of guilt and numbness to materialize. At some level, the seniors are thought to be suffering and in need of visitation or help. But the average church attender, if worshiping at a larger church, probably feels overwhelmed by the needs that exist. Quite simply, it does not feel good to think about seniors, consciously or otherwise, living in potentially lonely circumstances in various stages of ill-health.[19]

As much as churches want to help in these situations, the average church attender might feel overwhelmed by the pain they perceive is occurring. Soon they detach from thinking about

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17. "Our age is a narcissistic one. We have pampered ourselves to such an extreme that many of us can no longer tolerate even a hint of pain, even the most minimal suffering. Of course, neither pain nor suffering is welcome to anyone. But life is sometimes soaked through with it. This is a lesson even children learn as they experience the world. Throughout our lives we must endure crises, tragedies, and problems, even as we experience life's joys, celebrations, and accomplishments. The truth about life is this: We enter it causing pain and we leave it causing suffering. We need to understand that the opposite of life is death, not suffering. Indeed, we can grow and live better as a consequence of suffering." Maurice Lamm, *The Jewish Way in Death and Mourning* (Middle Village, NY: Jonathan David, 2000), loc. 1327-1331, Kindle.

18. "But a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion. He went to him and bound up his wounds, pouring on oil and wine. Then he set him on his own animal and brought him to an inn and took care of him" (Luke 10:33-34).

19. "For some schools of psychology, guilt is a false feeling to be rejected. Rules are made by society and may be repressive of human freedom. There are no moral absolutes in these ideologies, just better or worse adjustments to the circumstances of life. For Orthodoxy, sin is real, and the cure is not to pretend that it doesn't exist or is a mere neurosis. The cure is repentance, the sorrow for our actions and for our separation from God that leads to a radical reorientation of the life from self-indulgence toward God." Moon, Gary W., and David G. Benner, eds. *Spiritual Direction and the Care of Souls: A Guide to Christian Approaches and Practices* (Downers Grove, Ill.: IVP Academic, 2004), loc. 597-600, Kindle.

the desperate situations occurring around them. It is just too much and too painful. It is most likely not a conscious withdrawal, but a withdrawal nonetheless.[20] These are obviously not very productive responses for the seniors who are experiencing grief. Churches must come alongside the grieving amongst them for a period of time and increase some measure of grief-care for them.[21]

The Problem of Limited Grief Support

As mentioned, a senior who suddenly becomes a grieving widow can sometimes be seen as a person needing clinical treatment for depression. But care is not about treating the symptoms only. It is about coming alongside someone who has been wounded.[22] Church acquaintances hope the remedy for their friend's pain will be the encouraging words they offer. For these church attenders, their instinct is to offer brief condolences and then, out of respect or discomfort, to avoid the grieving seniors altogether. As a result, grieving individuals often benefit very little from these encounters. In fact, these attempts at consoling can actually increase the divide felt by the grief-stricken. The forced but well-meaning moments may actually produce the opposite effect from what was intended. And the grieving senior, anticipating that the church would help carry their grief, instead finds themselves experiencing little comfort. But it need not be this way.

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20. Lamm, *Consolation*, loc. 1353-1357, Kindle.

21. "Religion that is pure and undefiled before God the Father is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world" (James 1:27).

22. "For too long soul care has been dominated by mental health professionals. Consequently, the church lost its place of preeminence in the care and cure of the inner self." Moon and Benner, eds. *Spiritual Direction and the Care of Souls*, loc. 3378-3379, Kindle.

For seniors who have experienced a loss, and for the churches who help them navigate this painful journey, a greater sense of joy can be achieved. This may be possible by participating in grief-care and grief-recovery models that have already been tested and proven effective. It is the purpose of this thesis-project to discover these better grief-processing strategies, while shedding ancient and modern light on the subject of grief-care.

Thesis-Project Objective

A New Way for Christian Grief-Recovery

While it is not possible within the confines of this limited study to explore every culture that may offer a better model for the practice of grief-care, one religious culture which shares a sacred history with the Christian Church is the Jewish culture.[23] It is also a tradition which seems to help its members process grief very effectively. The research question which drives this thesis-project, therefore, will be whether churches might benefit from creating an approach to grief-recovery influenced by Jewish grief-care.[24] *The working hypothesis of this project is that senior grief recovery can be improved among Christians by adopting and adapting biblically based, ancient Hebrew practices.*

Today, if one spends time with a Jewish family in their community, they will notice that many people, entire synagogues actually, take part in grieving the loss of an assembly member. And one of the most important aspects of the Jewish way of grief-care is for the community to

23. Kristi Alday, "Grief – Understanding the Foreign Language," The Institute of Christian Studies Online Courses, accessed August 14, 2019, https://institute-of-christian-studies.thinkific.com/courses/grief.

24. "Judaism is not a goody-goody faith, preaching lollipop moralism; it is a sensitive religion that is also moral and muscular. It understands human nature in the heights of its exaltation and also in the depths of its despair. As it provides psychological benefits through its mourning laws—without ever so much as hinting that these laws were designed for helping us—it also provides metaphysical comfort when we experience a profound feeling of alienation at the death of a close relative." Lamm, *Consolation*, loc. 476, Kindle.

participate in an intentionally extended season of mourning, with specific activities occurring in specified periods of time. There is a specified one-day period, a seven-day period, a thirty-day period, and also a one-year long period of mourning. Therefore, this practice will be adopted and adapted for this thesis-project, as well as a specific *remembrance practice* suggested by Jewish tradition.

Thesis-Project Specifics

In the thesis-project, two groups of seniors will be analyzed in order to discover whether adding elements of the Jewish tradition would create less suffering, more, or make no difference for elderly Christians who have recently experienced the loss of a spouse or loved one. The participants will be at least 65 years of age and made up of the following two groups who have experienced a significant loss in the last five years:

1. Active church attenders who experienced the death of a spouse or loved one but did not incorporate elements of the first-year Jewish mourning traditions.
2. Active church attenders who incorporated elements of the first-year Jewish mourning traditions into their own prescribed extended grief-recovery periods.

The results will also be compared to grieving synagogue members as reported to the researcher by local rabbinic leadership.

Means

To analyze and evaluate the participants' newly enacted six-month remembrance program, a questionnaire has been developed to enable the grieving seniors to self-report on changes in feelings, attitudes and behaviors throughout the study. This remembrance practice is

intended to replicate, in a simplified form, some of the personal grief-care offered in the Jewish tradition of one-day, seven-day, thirty-day and one-year rituals of remembrance. The questionnaires will be administered at the beginning, middle and at the end of the six-month study in an effort to measure the grieving seniors' overall sense of well-being at those intervals. The hypothesis is that the results will be more positive than those found in the group that did not have the new grief-care support traditions applied.

The test subjects used for this study are from an average socioeconomic, Southern Baptist church located in Northeast Florida. A cross section of the church reveals that the test group is an average assortment of locally born and raised attenders combined with those who have relocated from other parts of the United States. Therefore, the congregation can be considered a reasonable test environment to conduct the study.

For the purpose of obtaining the data to compare and conduct analysis, two groups of senior participants who recently experienced a loss served as volunteers. They were willing to have their answers analyzed in order to prove or disprove whether adding the prescribed extended mourning practice would make a difference.

An important aspect of the study was choosing a specific *mourning* practice to replace the traditional Jewish mourning periods of one-day, seven-days, thirty-days, and one-year. The element introduced was inspired by considering an assortment of biblical, historical and cultural factors, and was chosen to aid in realizing the importance of appropriate grieving. A specific personal *remembrance item (or device)* was chosen by the senior or with help from someone in their grief-recovery support group.

Conclusions

In *A Vision for the Aging Church: Renewing Ministry for and by Seniors*, Doctors Houston and Parker speak on behalf of an older generation of Christians who are approaching their own contemplative end. To separate life from death, they insist, is impossible, regardless of what our secular society does; and to live one's life trying to avoid thinking about and preparing for death is surely unwise. In fact, the death of a Christian friend, acquaintance, or loved one can deepen and strengthen one's faith, and to walk with someone through the valley of the shadow of death can be one of life's most profound experiences.[25]

So, if death is anyone's business, it is the business of the people of God, whose overwhelming confidence in life after death, and life through death, should saturate the towns, cities, and homes of modern America. At least it should transform grief-care in the churches themselves. But grief-care has become spiritually undervalued. One might say, Christians die like everyone else. It is a secular problem, and it is a Christian problem. And sadly, sometimes both groups handle the death that happens around them in similar ways. Believers, who supposedly have been touched by God, avoid, fear, and go into deep states of depression too. If the reader recalls the story which began this chapter, he or she remembers that I, a genuine Christian, gave little respect or consideration to grief, and avoided the feelings associated with it. Loss was not a God experience, the funerals were not God moments, and the weeks and months following were just uncomfortable and confusing, void of Christian companionship. My experience of loss was hardly different from the unbeliever down the street.

Very little grief-care is occurring in too many churches. Going the way of the world, the least is often done. But there is actually a need to do more. Maybe even an organized and formal

25. J. M. Houston, and Michael W. Parker, *A Vision for the Aging Church: Renewing Ministry for and by Seniors* (Downers Grove, IL: IVP Academic, 2011), 235-6.

church-wide program to be a brother's keeper is in order. Reflecting on over sixty funerals conducted as a pastor in the last two years, and four hundred to five hundred home, hospital, and homebound visits, the researcher of this project can substantiate what one typical, large American church and its attenders do when one of its members dies. Most will hear of a death in the church, but most will not attend the funeral or the celebration of life service managed by the staff of the local mortuary. The church will provide the initial interview to get the details of what type of service they would like. They will also provide the music and a message. They will manage the speakers and they will pray. Afterward, the minister with just a few will follow the hearse to the cemetery where a short ten-minute interment service will take place. Normally everyone then goes their separate ways, but occasionally they invite the guests and ministers over for a short coffee and dessert. For the weeks and months that follow, less opportunities present themselves to reach out to or talk with the new widow or widower. They sometimes see the ministers, but their sadness is masked in order to be polite. They hide their loneliness. And behind the scenes, the other church attenders are wondering if someone should bring a meal over or send a card. Is this the extent and result of over two thousand years of Christian influence? It is almost as if death is treated like a plague, as if God is not interested in funerals and grief-care. Needless to say, something more should be provided to the grieving in the Church of God.

The answers may lie in the pages of the Old and New Testaments, the Torah, Talmud, and the Jewish tradition that are still practiced to this day. To those ancient texts, and literature which arises from them, we now turn.

CHAPTER TWO

LITERATURE REVIEW

Overview

This thesis-project is not an assault on American churches. There is a "grief need" that many people struggle to understand.[1] This study is an honest appraisal of how grief-support for seniors is being practiced in churches, and an exploration of the Jewish paradigm as a model for Christian practice in the future. American Jews and American Christians are two distinct people groups who share the universal challenge of processing grief. The contrast should shed light on what works and what does not when considering how best to assist our church attenders through the weeks and months following the death of a loved one.

Therefore, as stated in chapter one, faith-practicing Jews who take part in traditional Jewish ceremony and custom may enjoy a richer and more helpful grief recovery than do their Christian neighbors. But American Christians, for one reason or another, seem to have parted ways with much of the Jewish Old Testament ritual, tradition, and instruction. Concentrating on the New Testament, Christians tend to use the Old Testament mainly to illustrate or reinforce the lessons taught them in the New Testament. But not maintaining some aspects of Jewish culture and ancestral knowledge has meant the loss of traditions which might make for healthier living and dying.

1. "Timeless themes within the uniquely human experience of illness—knowing that one's life will one day end—make *On Death and Dying* relevant to readers today. As a physician, I am struck by how far we have come, and yet how far we still have to go to achieve truly person-centered care. I am reminded to listen and approach patients who are seriously ill in a spirit of fellowship and service, for they are on a journey that none of us would choose but all of us must eventually travel." Elisabeth Kübler-Ross, *On Death and Dying: What the dying have to teach doctors, nurses, clergy, and their own families* (New York: Scribner, 2014), 10.

It may be beneficial, therefore, if the Christian movement of today incorporated some Old Testament Jewish traditions and rituals and joined them with its current New Testament approach. Perhaps, as a result, a healthier balance could be struck for living, working, and even grieving. Whether they are orthodox Jews or more liberal-minded ones, it seems that this faith-group has held on to some traditions which have proven to be healthy for them. The traditions were handed down from their ancestors who studied the Torah in its earliest forms and seemed to take God's instructions seriously.[2]

A Statistical Overview and Outline on Grief in America

According to the World Health Organization, an estimated 40 million people worldwide are in need of palliative care each year, but only about 14% of them receive it; 78% of those who do not receive it live in low – and middle – income countries.[3] Closer to home, a recent report on aging Americans indicates that few cities, towns and communities throughout the United States meet "best practice" standards for helping their aging populations.[4] Nor are they prepared to care for the growing number of seniors who are maturing in increasing numbers.[5]

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2. "According to Jewish tradition, the Oral Torah was passed down orally in an unbroken chain from generation to generation until its contents were finally committed to writing following the destruction of the Second Temple in 70 CE, when Jewish civilization was faced with an existential threat, by virtue of the dispersion of the Jewish people. The major repositories of the Oral Torah are the Mishnah, compiled between 200–220 CE by Rabbi Yehudah haNasi, and the Gemara, a series of running commentaries and debates concerning the Mishnah, which together form the Talmud, the preeminent text of Rabbinic Judaism. In fact, two "versions" of the Talmud exist: one produced in Galilee c. 300–350 CE (the Jerusalem Talmud), and a second, more extensive Talmud compiled in Babylonia c. 450–500 CE (the Babylonian Talmud)." "Oral Torah," Wikipedia, updated January 7, 2021, accessed May 21, 2021, https://en.wikipedia.org/wiki/Oral_Torah.

3. "Palliative Care," World Health Organization (WHO), updated August 5, 2020, accessed May 21, 2021, https://www.who.int/news-room/fact-sheets/detail/palliative-care.

4. *The Maturing of America: Getting Communities on Track for an Aging Population*, National Association of Area Agencies on Aging, July 2011, accessed May 21, 2021, https://www.n4a.org/files/Maturing_of_Ameria_ll.pdf.

5. *The Maturing of America*.

The National Hospice and Palliative Care Organization, however, reports that a large number of seniors do receive some form of professional hospice, bereavement, and grief-care support. In the 4,639 certified Medicare hospices, for example, "1.55 million Medicare beneficiaries, a 4% increase from the prior year," received care in 2018.[6] Bereavement support was also offered in many cases to families of the deceased for up to one year after the patient's death, including referrals to a host of other community resources.

It would seem from this statistical analysis that great numbers of supporting agencies and resources are available and at work in the lives of those struggling through times of grief and loss. In fact, a simple cursory internet search of 'grief-care' and 'grief-recovery' quickly yields references to many resources.[7] But the need outstrips the care, and there remains room for improvement.

Classic Analysis of Grief as a Psychological Condition

The American Cancer Society has stated that if people do not go through a period of normal grief upon experiencing death, they could develop unresolved grief issues, resulting in a condition known as complicated grief.[8] In essence, people in complicated grief become stuck for periods of time in various stages of recovery or post-death mourning. Some of the symptoms that may accompany unresolved grief are social withdrawal, loss of appetite, sadness, loneliness,

6. *NHPCO Facts and Figures: 2020 Edition*, National Hospice and Palliative Care Organization, August 20, 2020, accessed May 21, 2021, www.nhpco.org/factsfigures. https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2020-edition.pdf, 6.

7. "Links to Grief Resources," webhealing.com, accessed May 21, 2021, https://webhealing.com/links-to-grief-resources/.

8. "Seeking Help and Support for Grief and Loss," American Cancer Society, updated May 10, 2019, accessed May 21, 2021, https://www.cancer.org/treatment/end-of-life-care/grief-and-loss/depression-and-complicated-grief.html.

trouble concentrating, and other depressive symptoms. Erich Lindemann, an early psychiatric pioneer on grief, who published "Symptomology and Management of Acute Grief" in 1963, argued that grief should be treated with the same scientific rigor as other medical and psychological conditions.[9] In addition, he thought people who look fine on the outside, or say they are doing well, may still have unresolved grief "stuck" in the subconscious.[10]

One of the intellectual pioneers in understanding the subtle and sometimes not so subtle effects of grief is the famed Swiss American psychiatrist Elisabeth Kübler-Ross, who has been credited with much of the increased attention placed on hospice care in the United States since the 1960s. In her influential 1969 work, *On Death and Dying*, she argues that those suffering from a loved one's death go through various stages of a grief process, a ground-breaking insight.[11] In her analysis she believes there are five stages of grief that must be experienced before someone has satisfactorily grieved a loss: denial, anger, bargaining, depression, and acceptance.[12] These stages can be experienced and visited several times, but not necessarily in a particular order; the key to grief-recovery, however, is that all stages should be completed.[13]

Rabbi Maurice Lamm, another authority on grief and its effects, wrote *Consolation: The Spiritual Journey Beyond Grief*. Citing Sigmund Freud, he describes grief as a sort of melancholy one experiences, a "deserving sadness" that should not be considered a pathological

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9. Erich Lindemann, "Symptomatology and Management of Acute Grief," *Pastoral Psychology* 14, no. 6 [1963]: 8–18, doi:10.1007/BF01770375.

10. Erich Lindemann and Ina May Greer, "A Study of Grief: Emotional Responses to Suicide: The Survivors of a Suicide Are Likely to Get 'Stuck' in Their Grieving and Go on for Years in a State of Cold Isolation," *Pastoral Psychology* 4, no. 9 [1953]: 9-13, doi:10.1007/BF01838832.

11. Kübler-Ross, *On Death and Dying*, 10.

12. Kübler-Ross, *On Death and Dying*, 264.

13. Elisabeth Kübler-Ross, *Death: The Final Stage of Growth* (Englewood Cliffs, NJ: Prentice–Hall, 1975), 75.

state. Lamm goes on to describe it as a time of depression, but one that is adaptive and allows space for a mourner to grieve.[14]

He even hypothesizes that the pain of grief might overwhelm and shock a person's physical and emotional systems. When the body's resources for coping are re-aligned, it might be possible that other points in the brain and body receive less stimulation than normal. This could account for symptoms of grief such as the inability to concentrate or loss of appetite.[15] Lamm also speculates that grief remaining unresolved could reemerge in the form of debilitating symptoms years later.[16]

There are many tragedies that can befall human beings, and the brain/mind is affected by severe loss. On many levels, it would seem that components of the human psyche are attempting to process something that they are not able to manage very well. Although death is a part of the natural human experience, the body, mind, and spirit seem to be treating the experience as if it were not 'normal', arguably, something that was never meant to be.

Dr. Mardi Harowitz, a prominent psychiatrist and author of numerous works on the study of trauma, conducted tests in the 1970s and 1980s to examine the common avoidance and denial symptoms prevalent in cases of unwanted thoughts due to trauma.[17] In his suggested treatment plans for dealing with trauma (which intense grief tends to mimic), he helped patients 'work

14. Lamm, *Consolation*, loc. 103-105, Kindle.

15. Lamm, *Consolation*, loc. 1353-1357, Kindle.

16. Lamm, *Consolation*, loc. 463-465, Kindle.

17. Dr. Mardi Horowitz was awarded the Lifetime Achievement Award by the International Society for Traumatic Stress Studies, and also the Foundation's Fund Research prize by the American Psychiatric Association for the first edition of *Stress Response Syndromes*; this book led the criteria for PTSD (in DSM-3, published in 1980). Mardi J. Horowitz, *Stress Response Syndromes: PTSD, Grief, Adjustment, and Dissociative Disorders* (New York: Jason Aronson, 2011), 21.

through' the thoughts and feelings until eventually equilibrium was restored. According to his studies, this type of treatment, i.e., 'going into the pain', was more successful than avoiding it.[18]

In *Good Grief: A Companion for Every Loss*, Granger E. Westberg offers another analogy for grief recovery (besides leaning into the pain, passing through stages, or restoring equilibrium), namely, living under a dark cloud. No matter how one grieves, whether experiencing good or bad grief-care, the goal of most people who have suffered a loss is to see the dark cloud lift. One never knows how long the grief will last; it is different for everyone. But the goal remains the same for all who have lost their spouses and loved ones: to be well again, to see the sunshine of depression lift.[19]

Ruth Davis Konigsberg, in her book, *The Truth about Grief: The Myth of Its Five Stages and the New Science of Loss*, takes exception to what has become widely accepted as the best way to process grief:

> Kübler-Ross was heralded as a revolutionary who shattered the stoic silence that had surrounded death since World War I, and her efforts certainly lowered barriers and raised the standard of care for dying people and their families. But she also ushered in a distinctly secular and psychological approach to death, one in which the focus shifted from the salvation of the deceased's soul (or at least its transition to some kind of afterlife) to the quality of his or her last days along with the well-being of the survivors.[20]

In other words, grieving death, a spiritual matter, has been turned by the modern science of loss into a series of psychological steps that must be accomplished in order to experience meaningful

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18. "Working-through. The meaning of the trauma to the self is reappraised and attitudes are revised. New coping skills are acquired as needed to adapt to altered circumstances. Swings between intrusion and avoidance may occur, and gradually attenuate. The trauma story may change. Restoration of equilibrium. As this phase is achieved, there may be posttraumatic growth, including an increase in self-coherence." Horowitz, *Stress Response Syndromes*, 130.

19. Granger E. Westberg, *Good Grief: A Companion for Every Loss* (Minneapolis: Fortress Press, 2020), 77.

20. Ruth Davis Konigsberg, *The Truth about Grief: The Myth of Its Five Stages and the New Science of Loss* (New York: Simon & Schuster, 2011), 5.

recovery. But this trend may be detrimental, encouraging people to stay too long in mourning. In fact, Konigsberg argues that the body and mind naturally move on much faster when allowed to go about healing without stages and phases applied.

George Bonanno, psychology professor at Columbia University, found that the majority of elderly individuals he surveyed who suffered the death of a spouse recovered relatively well in six to twelve months.[21] His analysis is based on the use of questionnaires to follow his grieving subjects' progress over extended periods of time. In his book, *The Other Side of Sadness*, Dr. Bonanno also reminds us that people hardly miss work for all their grieving. Perhaps people are more resilient than they get credit for.[22]

Whether resilient or not, whether the cloud lifts or continues to hover, whether some or all of the so-called stages of grief are leaned into and passed through to a place of psychological equilibrium, grief remains a fundamental issue in human life and in every human tradition. If the Christian Church hopes to provide meaningful community to its members, it must offer a process of grief support and recovery which helps its people and honors its God.

Seeking a Better Way

The intention of this thesis-project is to explore the possibility of a new Christian grief-recovery process that includes a fresh, combined approach, consisting of successful practices from both the Christian and Jewish traditions. After implementing the new senior grief-recovery model and testing its effectiveness on select church members, it is hoped that

21. Bonanno and his colleagues tracked elderly people whose spouses died of natural causes, and the single largest group, about 45 percent, showed no signs of shock, despair, anxiety, or intrusive thoughts six months after their loss. Konigsberg, *The Truth about Grief*, 20.

22. George A. Bonanno, *The Other Side of Sadness: What the New Science of Bereavement Tells Us about Life after Loss* (New York: Basic Books, 2019), 15.

grief-recovery will be experienced with greater satisfaction by both the bereaved and the caregivers who help them recover. In relation to grief-care, perhaps, what God has mandated for His people need only be rediscovered, so it can be applied to churches in the 21st Century.

The Jewish Way

What God has specified in His Word for how His people were to live and behave may not have been just for Old Testament times, but for His children in all generations.[23] Yet there have been very few Jewish traditions, rituals, or patterns of life adopted by Christian societies. Jews were specifically instructed how to build a tabernacle and a temple, how to live and eat in the wilderness, how to worship, how to take care of themselves, what to eat, and undoubtedly, how to grieve and mourn.[24] God may even have instructed Solomon to build His Temple with pathways specifically designed for those who were in mourning— so the grieving and the well would always cross paths coming and going.[25] Spending time with them in their community even now, you will find that many still take part in the ancient traditions of mourning which originated

23. "Judaism is a faith that embraces all of life, and death is a part of life. As this faith leads us through moments of joy, so does it guide us through the terrible moments of grief, holding us firm through the complex emotions of mourning, and bidding us turn our gaze from the night of darkness to the daylight of life." Maurice Lamm, *The Jewish Way in Death and Mourning* (Middle Village, NY: Jonathan David, 2000), 2.

24. "Ritual is sub rational, not rooted in logical behavior but in a cultural system. Most Jewish ritual is ancient—either mandated in Torah or designed by Sages and scholars of our early history to deal with the crises of living and to implement major concepts of our religion. It is of the dark stuff that mysteriously flows to nurture our character, our style, and our faith. Rituals perform a great service in Judaism, especially in our times of grief. They legitimize personal feelings, stimulate spiritual sensitivity, promote a spiritual relationship with the deceased, and build a protective fence that nurtures freedom; they coax a gradual healing, provide an authorized map to Jewish bereavement behavior, and release psychic energies that may have been repressed since childhood." Lamm, *Consolation*, loc. 886-89, Kindle.

25. "When the people of the land come before the Lord at the appointed feasts, he who enters by the north gate to worship shall go out by the south gate, and he who enters by the south gate shall go out by the north gate" (Ezekiel 46:9). Chapter Three will delve more into this possibility.

thousands of years ago. It is still important for the Jewish people to recognize a specified one-day period, seven-day period, thirty-day period, and a one-year long period of mourning.[26]

Studying senior grief-care through the systems, rituals, and practices of past and present-day Jewish people can possibly provide an example of what God originally intended His people to do in grief-care. To understand more fully the nuances and behaviors that accompany the lives of those who are affected by grief within the Jewish American context, entering the world of this people-group is of great importance. Armed with the knowledge of what the Jewish people do and how well they recover from grief, compared to Christians in America, can shed considerable light on what is working and what is not.

A Mourner's Path

Anne Brener's work as a therapist and licensed social worker led her, in 1981, to the Hebrew Union College Jewish Institute of Religion in Los Angeles to explore more deeply how her Jewish faith and culture might fit into her counseling efforts. Believing thousands of years of Jewish ritual and tradition might help her grieving and troubled clients, she drew from a wide range of sources in her studies. Her investigations included experts in the field of mourning, like Elisabeth Kübler-Ross, and sacred texts like the Bible and Talmud. She was also influenced by Rabbi Maurice Lamm, Rabbi Jack Riemer, works by Simcha Paull Rafael, and contributions from theologians Marcia Falk, Rachel Adler, Sue Elwell, and Judith Plaskow. Finally, Arthur Waskow, whose work with the Shalom center to heal the world through the rich Jewish heritage,

26. "In a time of disorientation, the Jewish tradition takes mourners by the hand and walks them through their bewilderment. Knowing that "this is the way it has always been done" frees mourners from having to make numerous decisions and gives them the opportunity to indulge their sadness. Thus, Jewish mourning rituals carry an especially rich significance. They apply only to select moments, are targeted for specific personal events, and are therefore observed with a clear sense of purpose and care. The meanings these rituals convey are not of an intellectual nature but rather of enriched personal human experience, a fact that considerably heightens their value." Lamm, *Consolation*, loc. 914-917, Kindle.

was instrumental in assisting her efforts. In 1991, her book *Mourning & Mitzvah* was published, a journal for walking the mourner's path through grief to healing with over sixty guided exercises.[27]

Brener's work is rooted in the existence of a mourner's path in Solomon's Temple in ancient Jerusalem, based on an interpretation of Scripture offered by ancient Jewish commentaries and oral law. The following third-century Rabbinic text establishes this point at the very beginning of her book:

> The Temple in the ancient city of Jerusalem had a separate path for mourners. Walking along it, mourners came face-to-face with all the other members of the community, who greeted them with the ancestor of the blessing we use today:
>
> "May God comfort you among the mourners of Zion and Jerusalem."
>
> A mourner who enters the Temple Mount...may enter and walk around to the left.... They would then say to him, "May [the One] who dwells in this House comfort you."
>
> —Semahot[28]

On the basis of this path, corroborated by ancient testimony, Anne Brener maintains that the Hebrew people have been provided a divinely ordained, public way to mourn the death of loved ones in community. There were prescribed ways for the community and the mourner to relate to each other: the grieving traveled one direction on the mourner's path while the rest of the community walked the other way, greeting mourners with a formal, sympathetic blessing as they passed. While modern people and the communities around them do not know how to proceed in mourning, the people of Israel received a mitzvah. The word mitzvah, found in the title of

27. Anne Brener, *Mourning & Mitzvah: A Guided Journal for Walking the Mourner's Path through Grief to Healing* (Nashville: Jewish Lights Publishing, 2017), Kindle.

28. Brener, *Mourning & Mitzvah*, loc. 11, Kindle. Generally referred to by the euphemistic title Sema-Hot ("Rejoicings"), this tractate, dating probably from the 3rd century, is the oldest known Rabbinic text that sets forth the laws governing death, burial, and mourning.

Brenner's book, is a word even the most secular Jew would know. It means "to lay charge, command, or order; mitzvah: a commandment." But the word also carries with it, from Yiddish, the sense of something a person ought to do; a good deed.[29]

A Year of Mourning

In 2014 Simon Shimshon Rubin wrote an article published by the University of Haifa entitled "Loss and Mourning in the Jewish Tradition."[30] In the cultural development of Judaism, he argues, the Jewish way of mourning has become a traditional, recognized and comfortable method for experiencing grief in community, which is commended by many psychiatric professionals. The recitation of the Kaddish and the Shiva observance by the grieving family are two of the most noticeable and dramatic ritualized mourning responses in this Jewish way. But they are a part of a larger system which includes exhibiting grief during five periods of time:

> Aninut (prior to burial, preferably a day or less), Shiva (literally seven), Shloshim (30), Shanah (the year), and Thereafter (for the life of the bereaved). From the moment of the death announcement until the cessation of one's own life, Judaism has a structure that will blend the injunction in Deuteronomy (30:19) to "choose life" with finding a place for a variety of features of memory so important to the bereaved. The fact that the beginning of the Shiva starts only after the burial serves to set up a new calendar—one whose initial set of cycles is determined by the final separation from the body of the deceased. Eventually, the death will cease its function as the start of a new calendar, so that by the end of the first year, the date of death will join the rich tapestry of special days in the Hebrew calendar for the bereaved family. The very well-organized phases of response to loss in the tradition are scripted with particular attention to the progression of time. Taken together, they involve the spiritual acknowledgment of God's dominion together with links to the amorphous sense of an afterlife that exist within Jewish tradition (Gilman, 1997) even as they separate the bereaved and then return them to themselves and their community.[31]

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29. Brener, *Mourning & Mitzvah*, loc. 12, Kindle.

30. Simon Rubin, "Loss and Mourning in the Jewish Tradition," *Omega: Journal of Death and Dying* 70, no. 1 [2014]: 87, doi: 10.2190/OM.70.1.h.

31. Rubin, "Loss and Mourning in the Jewish Tradition," 86-87.

For a child, parent, grandparent, or other loved one, the ritual and grief requirements within these five periods of time may not be exactly the same. For example, a longer time is spent mourning for a parent, because one is required in the Ten Commandments (Exodus 20:1– 17 and Deuteronomy 5:4–2) to honor one's parents in a special way. But the crucial point is that the expectations of Jewish grievers and the community involved in the consolation are shared. Everyone understands and is in agreement with the formulas. Everyone knows what to expect and what to do.

In *Consolation: The Spiritual Journey Beyond Grief*, Rabbi Maurice Lamm suggests that these rituals provide a great benefit to the Jewish people in times of grief. The rich traditions found in the year-long mourning period stimulate a sort of spiritual sensitivity which fosters a spiritual relationship with those they have lost and creates a protective barrier which enhances wellness. They make gradual healing possible by providing a formal vehicle for bereavement which releases a psychological response that may have been locked away.[32]

Most noticeable of the ritual practices taking place throughout the year-long process is the recitation of the Mourner's Kaddish prayer, which is recited for eleven months (though a full year of mourning is observed). In *The Jewish Way in Death and Mourning*, Rabbi Lamm calls Kaddish "a self-contained, miniature service that achieves the heights of holiness."[33] He goes on to say, "The recitation of Kaddish has united the generations in a vertical chain—from parent to child for thousands of years."[34]

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32. Lamm, *Consolation*, loc 886–891, Kindle.

33. Maurice Lamm, *The Jewish Way in Death and Mourning* (Middle Village, NY: Jonathan David, 2000), 153.

34. Rubin, "Loss and Mourning in the Jewish Tradition," 88.

The Jewish way creates an extended mourning period in which the grieving person can process their deep emotions while supported by members of their family and faith-community. There is not enough time or space to discuss the nuances of all the ritual and tradition specifically practiced in Judaism. What is most important, for the purposes of this thesis-project, is to concentrate on the main aspect of Jewish grief-care. The "how" may not be as important as the "what" of mourning. And the "what" is participating in a defined, extended period of shared mourning.

Christian and Other Grief-Care

When compared with the Jewish practice of extended mourning periods, it should be obvious that most Christian traditions participate in less extended ritual. Listed in alphabetical order, the following is generally true of thirteen major religions and denominations currently operating in America.[35]

1. Anglican/Episcopalian – Do not observe any specific mourning periods or memorial events.

2. Baptist – Do not observe any specific mourning periods or memorial events.

3. Buddhist – Do not observe any specific mourning periods or memorial events.

4. Catholic – Do not observe any specific mourning periods or memorial events.

5. Eastern Orthodox – The mourning period lasts for forty days. The number forty holds special significance, as it is considered a sacred number. God's Word records, for example, in the book of Genesis, Jonah, Exodus, Deuteronomy, Numbers, Matthew, Mark and Luke many occasions that occur at forty days, nights, hours, years, etc. Regardless, Russian or otherwise, all Eastern Orthodoxy are similar in practice. The tradition of the Orthodox Church has strict practices at the first, third, ninth, and fortieth days after the passing of a loved one. Memorial prayers for them must be offered on each of the forty days. The family will avoid any social gatherings for at least this amount of time. They will also wear dark or black clothing during this time.

35. "13 Religious Perspectives on Mourning and Memorial Events," everplans, accessed May 21, 2021, https://www.everplans.com/articles/13-religious-perspectives-on-mourning-and-memorial-events.

The close male relatives will not shave for forty days. A memorial service will be held closest to the Sunday before the fortieth day, but never on a Sunday. Those closest to the loved one who has passed will place bread and a glass of water in front of their religious icons to help remember and not forget the departed. In most cases, the family will replenish the bread and water over the full forty days. Throughout the mourning period, friends and family will bring flowers to the grave. The gravesite is cleaned and kept in good order. After this period of mourning is over, the family no longer visits the loved one's grave. These traditions are said to bring the family peace and comfort in times like these. Among other things, it brings the extended family together for an extended period of time as they mourn their loved one's passing.

6. Hindu – Observe both a mourning period and memorial events for fourteen days.

7. Jewish – There are two periods of mourning in Judaism. The first, called "shiva," meaning "seven," takes place over the seven days immediately following the funeral. During Shiva, the family gathers every day in a family home to mourn and pray. For seven days, family members do not go to work or participate in the routine of their normal lives. Guests are received during this time. On the first day of Shiva, a Shiva candle is lit, which will burn for the duration of the week. The second period of mourning is called "shloshim," meaning "thirty," and lasts until the thirtieth day after the funeral. During shloshim, mourners will resume many of their daily routines, but will continue to recite the Mourner's Kaddish daily. Shloshim marks the end of the formal mourning period and a full return to daily life, except in the event that mourners are mourning the death of a parent. If a parent has died, the formal mourning period lasts an entire year.

8. Lutheran – Do not observe any specific morning periods or memorial events.

9. Methodist – Do not observe any specific morning periods or memorial events.

10. Mormon – Do not observe any specific morning periods or memorial events.

11. Muslim – The mourning period lasts for forty days, a sacred number for Muslims. The soul is thought to wander and God, despite rendering judgment at death, can still alter his final decision. Those left behind may help their loved one's soul achieve a better judgment by completing good deeds on their behalf and by adhering to strict mourning practices throughout the forty-day period. Mourning is prohibited after forty days. On the other hand, if a wife is left widowed, she is expected to stay mourning indoors for a period of four months and ten days. However, much of the length of time spent in mourning is determined by the deceased's status and the type of relationship they shared with others. While many may visit the resting places, mosques, provide condolences, and visit the bereaved, the Qur'an does not explicitly prescribe these mourning practices. In fact, demonstrative or excessive mourning is forbidden, as are flowers, gifts, and lengthier condolences. Food can be provided though. Some sects mourn for three days and a full forty-day period as well. Wearing all black is considered appropriate for this length of time. Male family members may

go visit the grave site daily or weekly for up to forty days. As is the case with many aspects of religion, Islam's opposing viewpoints concerning mourning practices are no exception. While some Muslims adhere to the widely accepted traditions outlined above, many Qur'an scholars and leaders adamantly oppose the idea that the Qur'an points to any such specific days or rituals.

12. Presbyterian – Do not observe any specific mourning periods or memorial events.

13. Quaker – Do not observe any specific mourning periods or memorial events.

As important as death seems to be, only four of these thirteen major world cultures and religious traditions practice an extended mourning period. Also worthy of note is that one of the earliest Christian denominations affected by Jewish doctrine and tradition—Eastern Orthodoxy—has an extended mourning period. Why then, have all other major Christian denominations either stopped or never incorporated extended periods of mourning, since their own founding was based on the life, culture, rituals, and traditions of this one originating faith group who worships the same God?

Even though most Christian denominations do not incorporate extended formal mourning practices, many Christian writers, therapists, chaplains, pastors, teachers, professors, doctors, and grief-centric organizations suggest they are necessary.[36] One important example of this kind of advocate among Christian leaders is Kristi Alday, Archdeacon of the Episcopal Diocese of Central Florida, and Chief Operating Officer for Walking the Mourner's Path, an international grief ministry.[37] With an MA in Counseling from Asbury Theological Seminary, Rev. Alday has spent over twenty-five years working with those who are grieving a loss and teaching others in

36. Alan Wolfelt; American Cancer Society; American Red Cross; Anne Brener, *Mourners Path*; C.S. Lewis, *A Grief Observed*; Danielle DuBois; David Benner; David Kessler; Elisabeth Kübler-Ross, *On Death and Dying*; Elisabeth Sbanotto; Gary Moon; Harold Kushner; Hospice Foundation of America; James Van Praagh; Kenneth Doka; Kenneth Haugh, Stephen Ministries; Kristi Alday, Standing Stones; Maurice Lamm; Philippe Ariès; Salvation Army; Samaritan's Purse; Steve and Cheryl Grissom, GriefShare.

37. Danielle DuBois Morris and Kristen Alday, *30 Days toward Healing Your Grief: A Workbook for Healing* (New York: Church Publishing, 2017).

their communities to support them. She has traveled extensively training clergy and laity in grief ministry; and in this training, she agrees that it takes one year to mourn a loss adequately, and up to three years to do so more completely.[38]

In a book she co-authored with Danielle DuBois Morris, *30 Days Towards Healing Your Grief*, Rev. Alday uses the Jewish idea of a mourner's path to symbolically guide Christians on their journey toward healing. The process is simplified to help those who mourn come to terms with three main aspects of grief: "that my loved one died," "how my loved one lived," and finally, "how I must live to honor his or her memory." During the thirty days, mourners are encouraged to speak regularly and often about the loved one who passed, and to invite others to speak of that person, because deeply knowing "that they died, how they lived, and that they lived" is crucial in moving forward with closure and peace. Rev. Alday has also created an eight-week workshop to help people implement these ideas as they walk the mourner's path.

Standing Stones

Another key aspect of Rev. Alday's work is the use of Standing Stones to aid in grief recovery, an idea which has been incorporated into the design of this thesis-project. In the Old Testament, as Rev. Alday explains in her lecture series, God's children placed or stacked memorial stones to serve as reminders of important events which had taken place, a practice which continues today in the placement of headstones and monuments for those who have died. In fact, the word headstone actually comes from the ancient Hebrew word for "Standing Stones."

38. Kristi Alday, "Grief – understanding the foreign language," The Institute for Christian Studies, accessed May 21, 2021, http://institute-of-christian-studies.thinkific.com/courses/grief. Wendy Leech, "Grief Workshop Changed My Perspective," Episcopal Diocese of Central Florida, November 9, 2016, accessed May 21, 2021, https://www.cfdiocese.org/cfe/grief-workshop-changed-my-perspective.

Standing Stones, according to Rev. Alday, do not have to be a stack of rocks for all to see or a headstone in a cemetery, but the purpose is similar. In the military, for example, soldiers wear dog-tag style bracelets with a fallen comrade's name on them to remember and honor the dead. Like that fallen comrade bracelet, Alday encourages people to choose a necklace, bracelet, ring, lapel pin, broach, a strip of black cloth, or a small figurine prominently displayed—something that can be clearly seen (a remembrance device)—as a public reminder during the season of grief. It is meant to represent the loved one who is no longer with them, and to signal to others that they are mourners under God's care. This will hopefully prompt the loved one's story to be told by those who remember, and help the grieving lean into their time of mourning. This simple, God-honoring practice of remembrance can be a means to more complete healing.

Parachurch Christian Grief-Care

In the absence of formalized traditions for mourning and grief support within Christian churches, parachurch ministries and organizations like Walking the Mourner's Path have arisen to fill the gap. Two of the most well-known and widely used are GriefShare and Stephen Ministries, both of which are typically offered in and through local churches.

GriefShare is a five- to thirteen-week grief-care workshop developed in 1998 by Steve and Cheryl Grissom, who experienced a painful grief-care gap in their own church after suffering severe losses.[39] In response, they developed a workbook and designed video segments to assist grieving church attenders. The course is set up to draw the individual back into thinking, sharing, discussing, writing about, and most of all remembering their loved one or significant other. Valuable lessons about unprocessed grief are shared in addition to other educational aspects

39. "About," Church Initiative, accessed May 21, 2021, https://www.churchinitiative.org/about/.

having to do with healthy grieving.[40] By the end of the program, a participant's anticipated goal is to be set free from painful memories of the one whom they now miss.

The stages of grief Elisabeth Kübler-Ross identified, though not universally accepted, suggest that people can get trapped in various stages of processing a loss. Getting unstuck is necessary or a person can remain in a negative condition or state of being. As has been discussed, there are numerous secular hospices, counseling, and grief related organizations and resources available on the market, either for cost or free of charge. However, the research conducted here has discovered there are very few organized, extended, Christian grief-recovery programs available in America which can be readily adopted by churches. To date, besides GriefShare, it seems the only other readily available program remains being Stephen Ministries.

Dr. Kenneth C. Haugk officially founded Stephen Ministries in 1975.[41] Just out of seminary and a graduate in clinical psychology, with a heart for providing pastoral care, Haugk saw a great need within his congregation and community to provide more caregivers to the many who were ill, grieving, or suffering in some way. Originally founded through the Episcopal Church, he solicited nine volunteers to be trained in pastoral care ministry. Today, more than 13,000 congregations in various denominations and other organizations have enrolled in Stephen Ministries. Through them, they have found significant resources needed to provide better grief-care, as well as other forms of care. The challenge, however, is that the training required for Stephen Ministers is quite extensive (more than fifty hours of basic training), and the personal ministry gifts needed to care for others in this capacity are more in keeping with chaplaincy.

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40. This author personally attended a GriefShare introductory program at Anastasia Baptist Church in September 2018.

41. "Our Mission and Ministry," Stephen Ministries, accessed May 21, 2021, https://www.stephenministries.org/aboutus/default.cfm/718?mnb=1.

Nevertheless, the training received is invaluable to all who participate. Trainees are taught, for example, how to create a "Safe House" for care-receivers, founded on grace-based acceptance and structured around listening, empathy, trust, and confidentiality. They learn the key insight that they cannot fix whatever problem that their care-receiver faces, for God is the cure-giver, the Stephen Minister is the caregiver. They learn to identify what needs people in crisis have, appropriate ways to care for those needs, and then practice those caregiving skills through simulation exercises.

With respect to grief-care, Stephen Ministers learn the stages of grief and methods of caregiving appropriate for each stage. They also learn specific ways to care for dying persons at each separate stage of the dying process, the challenges that patients face and how best to minister to them and their families and friends. Differing needs for care accompany each category – young old, middle old, and frail elderly – of aging. Trainees learn about the variety of afflictions that can result in the need for long-term care and the special needs long-term care-receivers may have. They also widen their understanding of grief to include loss of any kind. And through reading, simulation, and lecture, trainees learn the characteristics and symptoms of mild, moderate, and severe depression.

Spiritual Grief-care Re-valued

What GriefShare and Stephen Ministries cannot do is equip the entire congregation to participate in the ministry of grief-care, nor can they establish churchwide traditions within which the whole people of God may experience healthy mourning. What is needed is a more serious attitude toward death and dying within whole congregations, and shared processes of grief-care and recovery that are practiced by all. It takes a village to take care of every villager's

needs; and it takes a spiritual village to meet the village's spiritual needs.[42] As Rabbi Maurice Lamm said so well, "A wound inflicted by the breach of death does not cause pain that is mitigated by chemicals; it causes suffering that needs to be healed by the spiritual insights unlocked by our tradition, which address the anguished moments of the bereft. It is on the spiritual landscape that we engage the process of mourning."[43] To outsource death-related circumstances to funeral homes and its funeral directors, even to parachurch ministries and grief specialists, suggests that Christians, just as much as secular society, do not want to find value in taking part in end-of-life care. As Professor Phillip Aries states, "It has become a morbid state which must be treated, shortened, erased by the doctor of grief."[44] If this indeed is the world's attitude toward death, how much different should the Christian community's attitude be? Re-valuing grief-care and grief-recovery for seniors in the midst of losing their lifelong partner should matter to us, for it matters to God.

One of the best examples of people providing a more robust church-led grief-care ministry in America today are African American congregations. Their sense of community and compassion, combined with more expressive public worship, seems to make these congregations more ready and capable of experiencing and supporting grief-care and recovery than some other churches. In a paper presented at the 2001 Annual Meeting of the Association for Death Education and Counseling entitled "A Profile of Bereavement Supports in African American

42. Crystal L. Park and Roshi Joan Halifax, "Religion and Spirituality in Adjusting to Bereavement: Grief as Burden, Grief as Gift," in *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, ed. Robert A. Neimeyer, Darcy L. Harris, Howard R. Winokuer, and Gordon F. Thornton (New York: Routledge, 2011), 363–372.

43. Lamm, *Consolation*, loc. 1481–1484, Kindle.

44. Philippe Ariès, *Western Attitudes toward Death: From the Middle Ages to the Present*, trans. Patricia M. Ranum, The Johns Hopkins Symposia in Comparative History (Baltimore: Johns Hopkins University Press, 1975), loc. 99–101, Kindle.

Church Congregations," Professor Penelope Moore, Doctor LaVone Hazell, and Doctor Edna Honeyghan write,

> Most churches offer services to those who are grieving, through ministries which fall under the umbrella of a Health and Wholeness Ministry, a Counseling Ministry or an Outreach Ministry. These ministries typically include visiting the dying individual, performing last rites, phone calls, sending letters to the survivors, or visiting with family members. However, these services are not always formalized and may vary depending on the size of the congregation and the general resources that are available to support a bereavement program. Traditionally, bereavement support has been based on the African American custom of home gatherings by friends, neighbors, and the church community. This tradition has worked until well after the funeral, when visitation falls off and those who grieve are often left to continue mourning alone.[45]

In this detailed and well documented report, these grief professionals outline what has become the common actions many healthy churches offer today: funeral services, visiting, phone calls, letters, and cards. These are all good and God-honoring. And in the African American community, a tradition of home gatherings provides an even deeper basis of care. Nevertheless, it seems that even these churches stop short of providing an extended program. In the last analysis, Moore, et. al., conclude their paper by saying that churches must look for, innovate, and make adaptations that better support bereavement services for their members. By supplementing current church programs with more and better bereavement services, lives will be blessed, more hope given, and an increase in joy felt.[46]

45. Penelope J. Moore, LaVone V. Hazell, Edna M. Honeygham, "A Profile of Bereavement Supports in African American Church Congregations," paper presented at the Annual Meeting of the Association for Death Education and Counseling, Toronto, Canada, March 28-April 1, 2001, accessed May 21, 2021, https://files.eric.ed.gov/fulltext/ED457457.pdf, 5–6.

46. Moore, Hazell, Honeygham, "A Profile of Bereavement," 11.

Conclusions

How important is it to God that His children take grief-care seriously? So many stories could have been highlighted at Jesus Christ's crucifixion, but there is one that should make all Bible readers take notice. While Jesus was naked, bloody and beaten laboring for breath, suffering terribly on the cross, He does what no one expects. He looks at two people at the foot of the cross and says first, "Women, behold, your son." Then to His disciple John, "Behold, your mother."[47] More important than conserving His dying breath was attending to a bit of unfinished business. In these excruciating circumstances, Jesus made sure that his mother, Mary, was taken care of in her grief and old age. He did not neglect the duty to honor His mother. Instead, He made it a priority. Soon, His own mother would be in mourning, placing her grief where others had for thousands of years— in God's care.[48]

47. John 19:26-27.

48. "When Jesus saw his mother and the disciple whom he loved standing nearby, he said to his mother, 'Woman, behold, your son!' Then he said to the disciple, 'Behold, your mother!' And from that hour the disciple took her to his own home" (John 19:26-27).

CHAPTER THREE

BIBLICAL AND THEOLOGICAL FOUNDATIONS

Overview

Biblical Grief and Mourning

The purpose of this chapter is to discuss elements of a biblical and theological perspective which provide a better understanding of grief-care. Offered throughout this chapter are arguments and examples intended to show that God is honored when grief-care and grief-recovery are given priority among His people. In other words, where faith is concerned, God seems to favor His people taking intentional action to participate in ritual remembrances and traditional mourning practices. These discoveries pointing towards grief-care and grief-support in Scripture may also reveal that grief moments shared between people are especially valued by God. There may even be purposeful blessings God has created and reserves for times such as these.[1]

Learning by Example

What is the perfect way to mourn and process grief? Interestingly, there are very few scriptural passages with the primary purpose of explaining how God's people are to grieve and mourn. There are brief commands advising one to weep with others who weep.[2] There are also passages encouraging believers to bear one another's burdens and comfort each other in

1. Genesis 37:34-35; Leviticus 19:28; Deuteronomy 14:1; 2 Samuel 1:12; 1 Kings 3:31, 18:28, 15:30; Job 1:20; Isaiah 3:24, 15:2; Jeremiah 16:7, 41:5; Ezekiel 24:17, 27:30-32; Amos 8:10. Willem A. VanGemeren, ed., *New International Dictionary of Old Testament Theology and Exegesis* (Grand Rapids: Zondervan, 2012).

2. "Weep with those who weep" (Romans 12:15).

suffering.[3] But a biblical perspective on grief, for the most part, must be discerned by considering the implied instructions suggested by the actions of biblical characters.

God Supports Remembrances

Were mourning traditions and gestures important to the great men of God like Jacob, Joseph, and David? Did they participate in outward expressions of grief and mourning, such as tearing their clothes in anguish and using seven-day rituals to extend remembrance to honor the dead?[4] The answer is a definite yes, and their expressions of grief were often raw and visible. In fact, according to the Talmud, their actions became the foundation for centuries of Jewish mourning tradition.[5] These raw and public emotions are seen in the following examples.

Jacob's Tearing of Clothes

Jacob dearly loved his son, Joseph, and his presumed death hurt Jacob deeply. This respected father of his people has influenced the mourning traditions of generations of Jews ever since. Jacob's emotions were and still are normal, acceptable, and helpful for expressing the grief one feels having lost a loved one. In Genesis, God's Word says, "Then Jacob tore his garments and put sackcloth on his loins and mourned for his son many days. All his sons and all his

3. Matthew 5:4; 2 Corinthians 1:3-6; Galatians 6:2; Ephesians 4:32; Colossians 3:13; 1 Thessalonians 5:11.

4. Genesis 37:34–35, 50:10; 2 Samuel 3:31.

5. "The accumulated wisdom of the ages is a source of great consolation. In the pages that follow, you will find clear guidelines that the Jewish tradition has laid down to lead mourners through the complex maze of uncertainties and ambivalences that attend the tragic moment. The ache of the heart will not suddenly disappear. There will be no miraculous consolation. But Judaism does teach the aching heart how to express its pain in love and respect, and how to achieve the eventual consolation which will restore us to humanity and keep us from vindictiveness and self-pity." Maurice Lamm, *Consolation: The Spiritual Journey Beyond Grief* (Dulles, VA: JPS, 2010), loc.1481-1484, Kindle.

daughters rose up to comfort him, but he refused to be comforted and said, 'No, I shall go down to Sheol to my son, mourning.' Thus his father wept for him."[6]

The tearing of one's garment indicates that the heart has been torn. It is a natural response to a terrible, grievous pain felt. People, then as now, overwhelmed with sudden grief may clutch and pull at their clothing. In the drama of the moment where raw emotion is occurring, these garments can get torn. But in the present day, that often-experienced response to grief has become ritualized by the Jewish people. It is how one is identified in their mourning period as having suffered a loss— by a small piece of black cloth affixed to the mourner. The ritualized action still represents the people's hearts being torn as a result of losing a loved one.[7] It also provides the bereaved a special identity as having been gravely wounded and torn by loss. This physical identification helps the mourners, and it helps identify them to those who are not mourners, so they can bless and be blessed by one another.

Joseph's Seven-day Mourning

Not far removed from the story of Jacob are other early biblical practices which have become Jewish tradition. In a few years it was Joseph's turn to grieve for Jacob: "When they came to the threshing floor of Atad, which is beyond the Jordan, they lamented there with a very great and grievous lamentation, and [Joseph] made a mourning for his father seven days."[8] Joseph intentionally mourned his father's death for seven days, a significant number in Sacred

6. Genesis 37:34-35.

7. "Upon witnessing or hearing of the death of a relative, one must tear one's clothes and uncover one's shoulder (M.Q. 3:7), both symbols of grief. The tear represents, on one level, the death itself, which loved one from the presence of the living. The violence of the act evokes the violence of the experience and the emotion, the gravity of the loss." David Kraemer, *The Meanings of Death in Rabbinic Judaism* (New York: Routledge, 1999), 25.

8. Genesis 50:10.

Scripture. The number seven was associated with God's perfection, like the perfect number of days God chose to complete His Creation, concluding with rest on the seventh day.[9] In the Decalogue, God commanded His people to work for six days but keep the seventh as a sabbath day, holy to the Lord.[10] Perhaps, mourning this specific number of days was meant by Joseph to show respect. But whatever is meant by the number of days, Joseph grieved and mourned this number of days with open displays of affection, "great and grievous lamentations," without shame. Joseph's mourning was borne out of raw pain as well as the desire to honor his father. So, he honored the one he mourned by honoring the feelings themselves; and this seven-day period has become a sacred tradition.

There are many laments recorded in Scripture, examples of intense pain and anguish being expressed openly to God.[11] Possibly considered strange behavior by today's standards, these examples should encourage people to display their own felt grief. It is also important to understand these expressions of ancient grief in the context of the times they lived, in which public displays of grief were considered proper. Professional mourners were even hired to express the family's grief.[12] But even in a day when professional mourners might be considered inappropriate, the Jewish people of today have continued, for thousands of years, the tradition of

9. Genesis 2:1-2.

10. Exodus 20:9-11.

11. Psalm 34:17, 65:2-3; Jeremiah 29:12-13; Mark 11:24-25; 1 John 5:14-15.

12. Representative of an era with professional mourners: "Now Joab the son of Zeruiah knew that the king's heart went out to Absalom. And Joab sent to Tekoa and brought from there a wise woman and said to her, 'Pretend to be a mourner and put on mourning garments. Do not anoint yourself with oil, but behave like a woman who has been mourning many days for the dead'" (2 Samuel 14:2).

observing a seven-day mourning period. It can be argued that these times of intentional remembrance, with open expressions of public grief, aid in processing the loss experienced.[13]

One-day and Thirty-day Mourning

It is not clear if a thirty-day mourning period was used as a means to allow the grieved to mourn longer or if it was used purposely to extend mourning to be more honoring. No doubt, certain biblical figures would be expected to receive greater honor and respect. For instance, both the death of Aaron and Moses were mourned by the children of Israel for thirty days.[14] The number thirty was also important in other ways. Aaronic priests were originally dedicated for service at the age of thirty.[15] Joseph was thirty when Egypt's Pharaoh placed him in charge.[16] King David was thirty when he began his reign over Israel.[17] Regardless, there are twelve months of roughly thirty days in the Jewish calendar. So, thirty days could just be a natural number of days to observe after someone dies, especially for someone of prominence.

One can also see why the first day of mourning became important. Jewish law decreed that a person be buried within twenty-four hours, in part because the body was considered ceremonially unclean.[18] Also, since embalming was not permitted, the threat of disease and rapid

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13. "The American frontier was the strong, silent type; he could never become a psychotherapist's role model. To be 'good' and silent is unnatural—to be a 'good' patient or a silent sufferer is bizarre. This is not a Jewish path, and this appellation, 'good,' in no way describes a Jewish hero. If we are not to suffer, we must reach out to God, to the physician, to visitors who come to console, and anyone one else who will listen, and tell the story of our fears and worries, thereby re-establishing our connectedness with life. It is a Jewish understanding that giving voice to our grief may dissipate the grief, and not only because it is cathartic." Lamm, *Consolation*, loc. 737-740, Kindle.

14. Numbers 20:29 and Deuteronomy 34:8.

15. Numbers 4:3.

16. Genesis 41:46.

17. 2 Samuel 5:4.

18. Deuteronomy 21:23.

decomposition made it important to inter a body as soon as possible. Clear descriptions of this process of rapid interment are recorded in the Gospel accounts of Jesus's burial.[19] Naturally, grieving began immediately after someone died, and could be especially intense knowing a loved one would be buried in such a short period of time.

King David Wept

King David provides another example of healthy grieving in ancient Israel. In 2 Samuel God's Word says, "Then David said to Joab and to all the people who were with him, 'Tear your clothes and put on sackcloth and mourn before Abner.' And King David followed the bier. They buried Abner at Hebron. And the king lifted up his voice and wept at the grave of Abner, and all the people wept."[20] Weeping is a heavy, soulful shedding of tears. It is dramatic. It is deeply felt. There is no shame in it. In fact, David actually ordered his people to tear their clothes and mourn. In 1 Samuel, God's Word says that David and the people with him lifted up their voices and wept until they had no more power to weep.[21] It seems the traditions and rituals from Jacob and Joseph were being passed down, and King David humbly perpetuated this Jewish tradition.

God Supports Remembrances to Help Grieve

Influential figures like Jacob, Joseph, and David openly expressed their grief using traditional mourning periods of one, seven and thirty days. By telling stories like these about well-known biblical figures (and others) over the millennia, and developing rituals from them,

19. John 19:39-40.

20. 2 Samuel 3:31.

21. 1 Samuel 30:1-5.

the Jewish people have established patterns of grief-care and support to help cope with loss.[22] And they must have benefited from these mourning practices; otherwise, how does one explain their continued use over thousands of years.[23] God's people welcomed these grief-care traditions, were blessed by them, and believed God was honored.

Talmudic Insights from Ezekiel's Temple

Jewish culture relies heavily upon the Talmud to support and justify its religious culture, traditions, and customs.[24] The Talmud consists of oral interpretations of the Torah and oral traditions which have been passed down verbally over centuries, but were written in final form between the 2nd and 5th centuries C.E.[25] For the purpose of this study, one of the most important

22. "(1) In the seven-day mourning for Jacob following his interment in Canaan (Gen. 50:10), or (2) in the period of priestly preparation for service at the altar (Lev. 8:35) which is seen as parallel to God's anticipatory mourning for humankind seven days in advance of the flood (Gen. 7:4 and 10), or (3) in the isolation of the surviving sons of Aaron for seven days following the death of their brothers (Lev. 10:7), or (4) in the seven-day exclusion of Miriam from the camp when she became leprous (Num. 12:15), or (5), by fanciful reading, in the mourning for Moses (Deut. 34), or (6) in the seven days of the pilgrimage festival, or (according to B.R. 97) in the seven days of the wedding feast. What is the meaning of these purported sources, alone or in combination?" Kraemer, *The Meanings of Death in Rabbinic Judaism*, 79.

23. "The earliest rabbinic record, as we saw, assumes its (more or less) final form in the last years of the second century, more than a hundred years after the destruction of the Second Temple in Jerusalem. But to understand this record, we cannot ignore the earlier practice which would, for the teachers of the Mishnah, have constituted 'tradition'." Kraemer, *The Meanings of Death in Rabbinic Judaism*, 47.

24. Isidore Singer, "Semaḥot," *The 1901 Jewish Encyclopedia*, accessed May 26, 2021, https://www.studylight.org/encyclopedias/eng/tje/s/semaot.html. 1901.

25. "The word Talmud is derived from the Hebrew verb 'to teach', which can also be expressed as the verb 'to learn'. The Talmud is the source from which the code of Jewish Halakhah (law) is derived. It is made up of the Mishnah (repeated study) and the Gemara (completion). The Mishnah is a collection of originally oral laws supplementing scriptural laws. The Gemara is a collection of commentaries on and elaborations of the Mishnah. The Mishnah is the original written version of the oral law and the Gemara is the record of the rabbinic discussions following this writing down. This record was complete by the 5th century CE and usually refers to the Babylonian version produced. The rabbi most closely associated with the compilation of the Mishnah is Rabbi Judah Ha-Nasi (135-219 CE). The Midrash, on the other hand, is an interpretive act, seeking the answers to religious questions (both practical and theological) by plumbing the meaning of the words of the Torah. Midrash halacha attempts to clarify or extend a law beyond the conditions assumed in the Bible, and to make connections between current practice and the biblical text, which de facto replaced sacrificial worship after the fall of the Second Temple. These midrash are found throughout the Talmud." "The Talmud," BBC, last updated August 13, 2009, accessed May 26, 2021, https://www.bbc.co.uk/religion/religions/judaism/texts/talmud.shtml.

passages in the Talmud is Mishnah Middot (2:2), a comment on Ezekiel 46:9 and the Temple in his vision. Based on this passage (among others), Jewish tradition has come to believe that a special "mourner's path" existed in King Solomon's Temple, regulated by the directions in Ezekiel 46:9.[26] The pathway, reserved for those in a state of mourning, caused the grieving to move in a direction opposite normal people-flow in the Temple, drawing attention to their presence. According to Mishnah Middot (2:2), this was no accident. It was designed to bring those who mourn in healing contact with the rest of the community, enabling grief to be a journey taken in the presence of God and in the comforting company of God's people.

David Kraemer, in *The Meanings of Death in Rabbinic Judaism*, describes this Mishnah in greater detail:

> In Mishnah Middot (2:2), we learn about an ancient Temple-era custom of comforting the mourners:
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> > All who entered the Temple Mount came in on the right side, circled, and exited on the left side, except for one who had suffered a loss, who circled from the left. [Others] would ask him, "Why are you circling from the left?" "I am bereaved," [he would reply. They then said,] "May the One Who dwells in this house comfort you."
>
> This custom is explained with variations in two other early rabbinic texts, Midrash Pirkei D'Rabbi Eliezer (17), and the minor tractate of the Talmud, Sofrim (19:9). In both places, King Solomon is credited with having had Temple gates designated specially for grooms and mourners.[27]

According to these rabbinic interpretations, Ezekiel's writings about the Temple, though prophesying a future time, also accurately reflected contemporary practice. That practice included walking through the Temple precincts in particular directions, recorded in Ezekiel 46:9: "When the people of the land come before the Lord at the appointed feasts, he who enters by the

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26. Alan Balfour, *Solomon's Temple: Myth, Conflict, and Faith* (West Sussex, UK: John Wiley & Sons, 2012), 6–36.

27. See Danny Nevins, "A Place Among the Mourners of Zion," *Conservative Judaism* 58, no. 4 [2006]: 52, accessed May 27, 2021, https://rabbinevins.files.wordpress.com/2013/08/nevins-place-among-the-mourners-of-zion.pdf.

north gate to worship shall go out by the south gate, and he who enters by the south gate shall go out by the north gate." It is also believed by those who affirm Talmudic interpretation, that a special path not only existed in King Solomon's Temple but perhaps Herod's Temple as well.[28] The pathway was specifically used by those who were in a state of mourning, who entered by a specific gate and traveled, as Ezekiel 46 indicates, in a different direction than others.

Instead of the word "path" in Ezekiel, the word "pavement" is used, a word which can be translated to mean "a laid type of polished or colored stone walkway."[29] Presumably, it ran through the Temple north and south, and all necessary functions of the Temple maintenance and worship existed in close proximity to the walkway. If true, this mourner's path, or pavement walkway, was intentionally built to bring mourners into the Temple on a journey which would bring them close to God and His people.

A mourner would enter the Temple complex and begin his or her journey. The path was smooth and flat, and the points of entry and exit were well known. One could not get lost on it. In other words, a grief-stricken mourner could be fully invested in grieving and mourning, weeping and feeling sorrow without worry. And more, those who were seen on the pavement, could be easily identified by others. It was important that they be seen so others could sympathize with them. The Temple was a place for mourners where grief-care was seen as a journey and process to be done in concert with God and one another.

The pavement was meant to be near God where the people could walk before Him; and while in God's presence, they could support one another. Action taken by the grief-stricken

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28. Alan Balfour, *Solomon's Temple: Myth, Conflict, and Faith* (West Sussex, UK: John Wiley & Sons, 2012), 6–36.

29. Jeremy Strong, *The New Strong's Exhaustive Concordance of the Bible* (Nashville: Thomas Nelson, 1990), s.v. ritspah.

people journeying on the path of mourner's inside the Temple grounds, led to getting closer to God and His people. Wanting to isolate is a natural reaction to grief, but intimacy and closeness to others is what will help God's people heal. The direction His people travel also matters. It has meaning. The direction one travels, whether from the North or the South, possesses significance. One is either traveling in the direction of grief before God, or traveling facing those who are grieving. And this intentional direction signifies where one is in life.

In the *Ha'makom* blessing God is referred to as *The Place.* It is a name not used often of God, but when it is, it is used for those in mourning. When the people pass those who are grieving they offer the following blessing: "May God console you among the other mourners of Zion and Jerusalem." This has several benefits. One, for the people who did not know what to say, the words offered assured comfort. Also, it helped the mourners not feel alone in their pain. They were being added to those in *Zion* and *Jerusalem* who also had suffered. God as *The Place* is called upon to comfort mourners in the place of His Holy presence.

God does not provide words of instruction about grief-care, but is rather a command for action in His holy place. The physical existence of the mourner's pavement underlines that God desires His people to respond to grief with action and not isolation; with care and support, courage and sympathy. The ancient mourner's path is what is needed in the present day, at least the symbolic idea needs to be re-enacted.

Principles of Lament

Grief can feel like one is all alone in a desert of pain and confusion. "My God, my God, why have you forsaken me?" Jesus cried out from the cross. There are times when people may feel as if God is absent. There are times in life when even His children feel alone, confused, and

full of doubt. Doubt, however, is not a sudden declaration of unbelief. In deep despair, one has possibly given up on God's help. Questioning whether God will do what He promised is not despair, it is human rather; and doubt is still faith working in the midst of human weakness. Jesus's lament, "My God, my God" was not a failure of faith, but an act of faith. And the laments of God's people matter to God.

Lamenting and grieving go hand in hand; and with so many pages in the Bible filled with laments, it seems that God allows words to be spoken to Him which are no more perfect than His children. In fact, laments might be nothing more than expressing one's honest, uncensored feelings to the God in whom one believes. Internalizing pain and then voicing it is a form of acknowledging pain before God. Laments are a way of saying, "God, this is the way I feel; I leave it to you." The feelings are real, right or not, and most likely will not go away. If they are not recognized and given some sort of voice in order to deal with them constructively, they may root themselves deeper in one's psyche and reemerge in negative ways. Laments, as uncomfortable as they are, seem to be a constructive way to deal with grief, sorrow, and pain.

It is interesting to note that almost all the laments spoken in the book of Psalms end on a sudden shift to praise.[30] The meaning seems clear: healing can begin after one laments. One has spent time facing and expressing real pain; and the more thoroughly one does so, the sooner the praising may begin. Perhaps then, lamenting should not be rushed, or side-stepped. Weeping remains for the night, but joy comes in the morning (Psalm 31:5).

Lamentation, a prayer for help coming out of pain, is very common in the Bible. For example, lamenting frequently occurs in the Book of Job: "Why did I not die at birth, come out

30. E.g., Psalms 6:9-11; 22:23-32.

from the womb and expire?"[31] The prophets also cried out to God, like Jeremiah saying, "Why is my pain unceasing, my wound incurable?"[32] Or Habakkuk proclaiming, "My legs tremble beneath me. I wait the day of distress that will come upon the people who attack us."[33] One whole book, Lamentations, expresses the confusion and suffering felt after the destruction of Jerusalem by the Babylonians. Over two-thirds of the psalms are laments.

When the children of God felt blessed, when they experienced goodness, they turned to God in praise and thanksgiving. When they experienced the opposite, they also reached out to God. When they were overcome with brokenness, suffering and death, or by a sudden sense of vulnerability or fear, their inner thoughts became words spoken aloud. When they hurt in physical ways, they cried out in pain. When they hurt religiously, they cried out in lament. Their laments were directed solely towards God. "Out of the depths I cry to you, O Lord; Lord, hear my voice!"[34] "My soul also is utterly terrified; but you, O Lord, how long?"[35] "O my God, I cry out by day, but you do not answer, and by night, but I find no rest."[36] The psalmists ask heartfelt questions too: "How long must I take counsel in my soul and have sorrow in my heart all the day?"[37] "Why, O Lord, do you stand far away? Why do you hide yourself in times of trouble?"[38] These are not requests for information as much as cries of grief and pain. All of the above

31. Job 3:11.

32. Jeremiah 15:18.

33. Habakkuk 3:16.

34. Psalm 130:1.

35. Psalm 6:3.

36. Psalm 22:2.

37. Psalm 13:2.

38. Psalm 10:1.

examples are expressions of the type of emotional chaos and brokenness that invades the heart of suffering people of faith. Perhaps lamenting was simply part of their lives, because life was often hard and tragic for them. It is fairly obvious that today though, God's people are not all that comfortable in speaking about their pains, doubts and anger before God. Lament, even though very biblical, still leaves most a little uncomfortable.[39]

Jesus Supports Traditional Mourning Practices

Moving now to the New Testament, there are just a few examples that will be addressed; in particular, the witness of Jesus, which arguably matters most for Christian believers. According to John's Gospel, Jesus wept with the people gathered to honor Lazarus' death during mourning rituals already in progress, presumably while Mary was receiving an extended period of condolences.[40] By exploring this episode one can clearly see Jesus respecting and participating in traditional mourning practices. Another passage that reveals the heart of Jesus for those grieving is recorded in chapter five of the Book of Matthew, in Jesus's famous Sermon on the Mount: "Blessed are those who mourn," He declares, "for they shall be comforted by God."[41] As in Ezekiel's vision of a future sanctuary where God will one day comfort those who travel on the mourner's path, Jesus promises that God will comfort His people. And in His high priestly

39. Michael D. Guinan, "Biblical Laments: Prayer Out of Pain," Franciscan Spirit Blog, accessed May 27, 2021, https://www.franciscanmedia.org/franciscan-spirit-blog/biblical-laments-prayer-out-of-pain.

40. "When she had said this, she went and called her sister Mary, saying in private, 'The Teacher is here and is calling for you.' And when she heard it, she rose quickly and went to him. Now Jesus had not yet come into the village, but was still in the place where Martha had met him. When the Jews who were with her in the house, consoling her, saw Mary rise quickly and go out, they followed her, supposing that she was going to the tomb to weep there. Now when Mary came to where Jesus was and saw him, she fell at his feet, saying to him, 'Lord, if you had been here, my brother would not have died.' When Jesus saw her weeping, and the Jews who had come with her also weeping, he was deeply moved in his spirit and greatly troubled. And he said, 'Where have you laid him?' They said to him, 'Lord, come and see.' Jesus wept" (John 11:28-35).

41. "Blessed are those who mourn, for they shall be comforted" (Matthew 5:4).

prayer Jesus even tells His disciple it will be a good thing for Him to leave them, referring to His death, because when He rises, He will send the Holy Spirit to live among His people and to bring the comfort of God to them.[42]

Admonitions and Exhortations of Paul

The Apostle Paul comes onto the scene only after Jesus's crucifixion. As a former Pharisee, a Jew raised in a Hellenistic society, and then by subsequent conversion to the "Way" or Christianity, he lived amongst three cultures—Jewish, Greco-Roman and Christian. Therefore, how he saw grief and taught on the subject of mourning was probably influenced by all three societal norms within these cultures. A verse that illustrates this tension between traditions and cultures is found in Paul's first letter to the Thessalonians. He says, "But we do not want you to be uninformed, brothers, about those who are asleep, that you may not grieve as others do who have no hope."[43] On the one hand, Paul recognizes that when a Christian loses someone they will grieve and experience sadness; he even commands believers to "mourn with those who mourn" as fellow members of the body of Christ.[44] But he also recognizes Christians do not need to grieve like non-believers. He wants to reinforce that believers have hope because of the salvation they have received. Death should not sting as much because believers will be reunited with their loved ones someday.[45] Their loss is temporary but for the non-believer, the loss is permanent.[46]

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42. "Nevertheless, I tell you the truth: it is to your advantage that I go away, for if I do not go away, the Helper will not come to you. But if I go, I will send him to you" (John 16:7).

43. 1 Thessalonians 4:13.

44. Romans 12:15 and 1 Corinthians 12:26.

45. 1 Corinthians 15:55.

46. 1 Thessalonians 4:17.

Paul even tells the Corinthians that their present suffering is a "light momentary affliction" which "is preparing for [them] an eternal weight of glory beyond all comparison."[47] Suffering, including death, has become slight and momentary in comparison with the future glory they will soon experience. It is "not worth comparing with the glory" that will be theirs.[48]

Paul did not desire believers to dismiss death and suffering quickly nor be overwhelmed by grief. Instead, he chose as his pastoral model to comfort others positively through exhortation. He spoke of the hope the risen Christ brings to believers living on earth, a hope which will one day be fulfilled in heaven. In several passages he advises the churches to be patient in their afflictions.[49] Elsewhere Paul goes on to encourage believers to stay busy "doing the work of the Lord."[50] It is a common discipline that believers use today to overcome grief too. Paul was in no way encouraging emotional repression, but he was encouraging believers to comfort and encourage one another with the comfort they receive as they eagerly wait for the Lord Jesus Christ to be revealed. Like the rest of the early church, Paul earnestly believed the Lord's return was imminent; and he had no reason to believe otherwise. It was only natural to encourage new believers to expect the same.[51] Nevertheless, if one is to spend a lifetime with the consequences of death and loss, with the Lord's return still on the horizon, coping with death requires a balance of healthy grief taking place.[52]

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47. 2 Corinthians 4:17.

48. Romans 8:18.

49. Romans 5:3, 8:25; 2 Corinthians 4:1 16, 5:6-8.

50. 1 Corinthians 15:58.

51. 1 Corinthians 1:7-8.

52. Scott R. Sullender. "Saint Paul's Approach to Grief: Clarifying the Ambiguity," *Journal of Religion and Health* 20, no. 1 [Spring 1981]: 63–74. JSTOR, accessed May 27, 2021, www.jstor.org/stable/27505609.

So, would Paul sit "Shiva"? This researcher believes he would. Not because he had to, as the old Law had no hold over him, but because it was a good, wise, and loving practice which enables believers to mourn with each other and comfort one another until the coming of the Lord. His pastoral strategy for dealing with suffering, persecution, death and grief was to challenge believers to weigh their momentary afflictions against Jesus's imminent return and take comfort in the sure and certain hope of eternal life, and to comfort one another with this truth. Finding a balance between mourning too much or not enough was replaced with something altogether new; the idea that, in a very short time, believers would not need to grieve at all, for their suffering would be forever gone.

Obviously, Jesus has not yet returned. And those who were counseled to be patient ended up living their entire lives without being reunited. Nevertheless, two thousand years later, much of coping with loss is the same—to be patient with this momentary affliction, to mourn and to grieve with each other, yet not as those who have no hope of seeing their loved ones again.

Conclusions

Throughout history, God has allowed much death, sorrow, pain and grief. From the very beginning of recorded Old Testament biblical history, to the time of Jesus that culminated with His command that John take care of Jesus's mother, and even beyond, as the early church endeavored to mourn with those who mourn, God has been saying something very specific about grief. God has shown His people that death and grief are important components of human life. Jacob, Joseph, David, and Jesus all mourned and grieved openly. Their grief was experienced and processed by taking intentional, grief-related action that supported their pain and related it to their faith in God. Whole communities provided comfort and assisted those who were hurting.

These traditions, begun by Jewish forefathers, were passed on from generation to generation, even to Jesus's own generation. In a vision, God transported Ezekiel to the new, future Temple where He showed him a perfect example of what the conduct of the people of God will be when they one day worship Him in the Sanctuary. It will be a kingdom where those who mourn and grieve come to express their true feelings. By looking at ancient texts like the Talmud, it says they will experience ever increasing comfort, as they walk the mourner's path where God's holiness is like a salve to the grieving heart. The people will meet. It will be both those who are hurting that come down from the direction of the north, and those kinsman and neighbors who are doing well coming from the south. God will be honored most as He sees His people ministering to one another as one people in His midst.

Undoubtedly, God allows so much potential pain and sorrow because it is a precious means by which His people learn and experience what it is to be like Him.[53] His people can feel much, and they can love much. The choices are theirs. Instincts for survival should not be their guiding principle for life. He calls His people to choose lovingkindness over self-preservation.[54] His people should choose to grieve honestly and unashamedly going before Him mourning like those expecting to be comforted. The comfort comes from God Himself and through His people. Grief-care and grief-recovery occur because all concerned lean into grief not as a punishment or as an unwanted experience, but to be comforted by God, their Father, the Lord Jesus Christ, and the Holy Spirit who desires to bless those who need His loving touch.

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53. "So God created man in his own image, in the image of God he created him; male and female he created them" (Genesis 1:27).

54. Compassion and mercy verses: Deuteronomy 16:17; Zechariah 7:8–10; Matthew 7:12; Luke 10:30–35; Romans 12:15; 2 Corinthians 1:3–4; Galatians 5:22–23, 6:2; Ephesians 4:32; Colossians 3:12; 1 Thessalonians 5:11–14; 1 Peter 3:8, 4:10; 1 John 3:17.

The miracle of waiting on the Lord using this process, which takes place symbolically on the mourner's path, is what brings healing. Many people in the past and present have studied these ways for how God may prefer His people to live out the grief that is occurring in their lives. We will now look at what has possibly been discovered as it relates to a potential way forward in grief-care and grief-recovery for the 21st Century.

CHAPTER FOUR

THESIS-PROJECT

Overview

Thesis-Project Review: Chapters One through Three

In this thesis-project, we have explored what grief-care and grief-recovery look like presently for churches in America with the intention of improving those practices by learning from the mourning traditions of ancient Israel. The hope is to positively impact and improve grief-care results among senior church attenders who have experienced the loss of a spouse or loved one.

Chapter one introduced the problem in its setting. This particular topic was chosen based on the impact that poor grief-care and grief-recovery had on the writer of this thesis-project. Having experienced several personal losses, not understanding grief, and with no formal church-led mourning in place, grief-recovery had gone awry causing unnecessary suffering and postponed recovery. But when this researcher, in the providence of God, became a minister to senior adults, it was clear that the problems he had experienced were not his alone. Poor grief-recovery is a serious problem for many churches, in which seniors spend too much time alone after the passing of a loved one, and are not adequately supported by their community.

So after some initial research into the problem, a pattern of grief care was discovered in the Jewish tradition, where Christianity's roots lie, that might offer help. The question was asked, do Jewish seniors in the U.S. recover from loss better or more quickly than their Christian counterparts? And if so, could it be due to using ancient biblical instruction preserved in thousands of years of their tradition and ritual? It was then speculated that churches might

benefit from creating a revised approach to grief-recovery that includes some aspects of the ancient Jewish traditions. The hypothesis therefore stated that Jewish Americans conduct senior grief-recovery better by aligning themselves with the tradition and ritual surrounding loss and grief in ancient Scriptures. Thus, they experience better grief-recovery results that are restorative and honor God. Current Christian strategies do not practice or incorporate these Jewish traditions because they do not believe they are necessary or, perhaps, they may not have realized they existed.

In chapter two of this thesis-project, a literature review of past and present-day resources on Jewish and Christian grief-care and mourning practices was conducted. Among other discoveries, it was determined that mourning practices in the American church and culture were lacking. The average senior adult, whose only grief-related interaction after the death of a spouse involves a funeral or memorial service, is not experiencing enough bereavement support to grieve adequately. Additionally, if one is not receiving this support, their grief-recovery may be interrupted and their suffering extended, which is often accompanied by a loss of wellbeing.

Therefore orthodox, traditional, and secular styles of grief-recovery were studied in their context. Viewing senior grief-care through the rituals and practices of past and present-day people groups, including more robust practices such as those found in the African American, Eastern Orthodox and Jewish contexts, provided a contrast and an expanded understanding for what God may prefer that His people do as related to grief-care. If one spends time with a Jewish family in their community, they will notice that many people, entire synagogues actually, take part in the traditions of mourning the loss of a loved one. There is a specified one-day period, a seven-day period, a thirty-day period, and also a one-year long period of mourning, and the

literature studied indicated that these traditions were established and maintained for good reasons.

It was then concluded that Christians implementing increased bereavement support by intentionally incorporating some grief-care practices found in the Old Testament, which Jewish people still use, may provide a stronger foundation for healing; that perhaps it is because they experience healing that follows God's original design. With this positive change in mind, a plan was devised to incorporate simple elements of these ancient biblical and Jewish practices.

Chapter three then reviewed the biblical and theological foundations relating to grief and mourning for both Old Testament and New Testament believers. The research confirmed that the Bible is filled with passages which speak directly to the subject of death and loss; and by this over-abundance of grief shared, it seems that pain is meant to be a meaningful, necessary, and sometimes beautiful part of the experience of God's children. For example, two-thirds of the psalms are laments to God, providing both Old and New Testament believers sacred, authorized examples of how one might express their pain and grief in prayer. Old Testament Scripture also shows Samuel, Jacob, Joseph, David, and Joab, among others, participating in extended mourning periods of intense grief: tearing their clothes and observing seven-day and thirty-day ritualized periods like Shiva.

Chapter three also explored Talmudic interpretations of certain passages in Ezekiel which have played a role in developing Jewish mourning traditions. Ezekiel 46:9, for example, has been taken to mean that a designated mourner's path existed in Solomon's Temple, with biblical instructions to insure that people in mourning would be noticed and comforted by the community

in the Temple.[1] Expounding upon this passage and others, Jewish mourning traditions were placed in the context of centuries of Talmudic interpretation.

Also in chapter three, we discovered that Jesus seemed to support these same mourning traditions hundreds of years later. They were still being performed, as they continue to be to this day. In John 11:1-54, for example, Jesus mourned for His friend, Lazarus, behaving like a citizen of Jewish tradition was expected to while formal mourning rituals were taking place. It was not his ultimate mission to grieve the death of His friend, but to keep him alive. Regardless, He wept with the rest of the visitors during mourning rituals while Mary received extended days of condolences. It was what the people did. It was custom, tradition, and Jesus joined them.

Restating the Thesis-Project Hypothesis

So, based upon the research conducted for this thesis-project, there is no common way by which American churches assist and support their seniors grieving a loss, nor do they rely on ancient traditions of grief, as do Muslims, Jews, or the Eastern Orthodox. By not using these traditions, or ones like them, it appears that older American Christians suffering grief may not recover as well as they could—which has led to the following thesis-project.

The working hypothesis of this thesis-project, therefore, is that senior grief-recovery can be improved among Christians by adopting and adapting biblically based, ancient Hebrew practices; in particular, an extended period of bereavement during which specific rituals of remembrance are observed.

1. "When the people of the land come before the Lord at the appointed feasts, he who enters by the north gate to worship shall go out by the south gate, and he who enters by the south gate shall go out by the north gate" (Ezekiel 46:9).

Project Testing Strategy

To test the idea that senior American Christians could benefit from adopting Jewish grief-care practices, a simple model or procedure needed to be adopted, one that potentially all churches could implement. It was believed, by introducing a simple change (rather than multiple changes or complex ones), that false-negative or false-positive results would be less likely to occur. In other words, if too many elemental changes were introduced, it would be difficult to know which ones helped and which ones hurt. With this strategy in mind, a simple yet significant element of Jewish mourning tradition was chosen to add to the current mourning practices of voluntary participants who regularly attend church.

The single element added has two dimensions: time and action— *what* new thing the mourner does in the context of the community, and *when* the mourner does it. The time of the action was determined by adopting the Jewish practice (in the spirit of) *sitting Shiva*. The constraints of the thesis-project, however, did not allow for a year of testing. So every participant was asked to introduce the mourning element into their lives for six months.

In choosing *what* the grieving person does during this extended period, the researcher was influenced primarily by two ideas discussed in chapters two and three of this study. The first is the idea of the mourner's path in Solomon's Temple, and the traditional greeting which was offered by fellow Jews to mourners walking that path. Rabbi Maurice Lamm calls this greeting the "crown jewel of Jewish consolation": "May God console you among the other mourners of Zion and Jerusalem (*Ha'makom yenachem etkhem betokh she'ar avelei Tziyon vi 'Yerushalayim*)."[2]

2. Maurice Lamm, "What to Say When Comforting Mourners: Traditional Jewish Words of Consolation," accessed May 29, 2021, https://www.myjewishlearning.com/article/jewish-words-of-comfort/.

In this traditional blessing, God is addressed by the name *Ha'makom*, which means "The Place." He is the solid ground, the holy place, available to those in need of protection, consolation, and healing. The blessing, therefore, invites those who grieve to go to the consoling *Place* of God where they can express their true feelings of pain, grief, even regret, and receive comfort. "May He console you", the passing people say, "among the other mourners of Zion and Jerusalem." This is a reminder to the grieving that they are not alone, that all mourners, no matter their loss, share a common pain and sadness, confusion and loneliness.[3] It brings comfort to be invited by the worshiping community to be blessed by God and encouraged to seek His comfort with all those who mourn.

Perhaps nothing else embodies the long practiced Jewish mourning traditions better than this comforting blessing on the mourner's path. It encapsulates everything that occurs on that path. It places the grieving in a position of priority, it comforts, it consoles, it honors God, and it reminds the grieving that, through Jesus Christ, God will heal them; that they are not alone. Therefore, along with conducting the church's normal grief-care and bereavement support, e.g., attending a funeral, visiting, counseling, participating in GriefShare programs, or receiving Stephen Ministries support, something like this blessing encounter needs to be introduced into Christian experience.

But how can it be added? According to Kristi Alday, it can be added through the creation of "Standing Stones": creating a physical object (a remembrance device) to remember the one who has been lost and facilitate a mourning-path type of encounter between the one who grieves and members of his or her religious community. In this encounter, then, some kind of blessing can be exchanged.

3. Lamm, "What to Say When Comforting Mourners."

Standing Stones

In this project, the concept of Standing Stones is used both physically and symbolically. A single and specific representative Standing Stone remembrance device was chosen by each grieving senior, or they were assisted in choosing one. It could be a pile of rocks, a ministry activity, a place to go, a necklace, bracelet or strip of black cloth—something that reminded them of the one they lost and gave them an opportunity to bear witness to the life he or she lived. If it was an object, it needed to be something that could be worn or displayed so that others could realize that the person was grieving and respond by expressing sympathy, asking a question, or even joining in the remembrance. The most important thing is that the object or activity—regularly worn or participated in during the bereavement period—provided an opportunity to remember, and to be seen remembering by God's people. It was to create a kind of mourner's path and stimulate connection between the mourner and the people of God. Ideally, it was to provide an opportunity to tell the person's story and to give glory to God. As Kristi Alday says, "When one gets to the point of telling how their loved one lived and then pointing to the glory of God, that is a sign of healing."[4]

For grief-care purposes, creating the Standing Stone was simply a vehicle to keep one moving on the mourner's path, which makes the death of a loved one a greater priority for everyone and creates opportunities for the grieving to speak about their loss and invite others to speak about their loved one. Its purpose was to extend, as seems biblically appropriate, the formal mourning period for God's people. Instead of remaining stuck, for lack of being allowed to mourn adequately, which causes delays in grief-recovery, this approach could improve the

4. Kristi Alday, "Grief – understanding the foreign language," The Institute for Christian Studies, accessed May 21, 2021, http://institute-of-christian-studies.thinkific.com/courses/grief. Wendy Leech, "Grief Workshop Changed My Perspective," Episcopal Diocese of Central Florida, November 9, 2016, accessed May 21, 2021, https://www.cfdiocese.org/cfe/grief-workshop-changed-my-perspective.

lives of those seniors who have experienced a loss and for those who walk with them for that season of their lives.

Questionnaire to Test the Hypothesis

To test whether the Standing Stone model helped those who were suffering to recover more effectively from grief, a *current grief level* questionnaire was created as a measuring instrument and administered before, during, and after the six-month use of the Standing Stone concept (see figure 1). From an elderly study performed in 1994 by Holly Prigerson and Paul Maciejewski, entitled *Inventory of Complicated Grief*, questions were selected from their Grief Assessment scale for use in this thesis-project.[5] The questions focus on the participants' current emotional, psychological, physical, interpersonal, ethical, and religious states of mind or perceived state of wellbeing as they process the loss of a loved one. Professor of Methodology and Research at Gordon-Conwell Theological Seminary, Dr. Bryan Auday, assisted with the selection and revision of this Standing Stones questionnaire.

The questionnaire was designed solely for the purpose of gathering information about how seniors were coping after losing a loved one. If a question was seen as too sensitive, or too difficult, the participants were encouraged not to feel obligated to answer it and just to go on to the next one. In addition, the study was designed and set up to be a confidential and anonymous one. The information provided would be presented only in summary form, in combination with

5. "Certain symptoms of grief have been shown 1.(a) to be distinct from bereavement-related depression and anxiety, and 2.(b) to predict long-term functional impairments. We termed these symptoms of "complicated grief" and developed the Inventory of Complicated Grief (ICG) to assess them. Data were derived from 97 conjugally bereaved elders who completed the ICG, along with other self-report scales measuring grief, depression, and background characteristics." Holly G. Prigerson, Paul K. Maciejewski, Charles F. Reynolds, Andrew J. Bierhals, Jason T. Newsom, Amy Fasiczka, Ellen Frank, Jack Doman, Mark Miller, "Inventory of complicated grief: A scale to measure maladaptive symptoms of loss," *Psychiatry Research* 59, no. 1–2 [1995]: 65-79, accessed May 29, 2021, https://www.researchgate.net/publication/14432009_Inventory_of_Complicated_Grief_A_scale_to_measure_maladaptive_symptoms_of_loss.

responses from other participants. At no time would their names be mentioned or associated with their questionnaire responses. About fifteen minutes was required to answer the thirty-three questions and complete the questionnaire. The following is the final form of the questionnaire used throughout the study.

Bereavement Questionnaire

This questionnaire is designed to gather information about how you are coping after losing a loved one. Some of the questions might be difficult to answer. If a question is too sensitive, don't feel obligated to answer it; just go on to the next one.

Unless you request otherwise, this is a confidential and anonymous survey. The information you provide will be presented only in summary form, in combination with responses from other participants. At no time will your name be mentioned or associated with your responses.

You may circle, underline, or highlight your answers. This questionnaire will take about 15 minutes to complete.

Thank you for taking the time to participate in this important project. By completing this confidential questionnaire, you have given your consent that you are a voluntary participant in this study.

This study is being conducted as partial fulfillment of my Doctor of Ministry thesis at Gordon-Conwell Theological Seminary in South Hamilton, Massachusetts, USA.

Don Kabrich

1. How long has it been since your loved one passed away?

Less than 1 year 1 - 2 years 3 - 4 years 5 years or longer

2. How long had you been with your loved one?

Under 5 years 5 - 10 years 11 - 20 years 21 - 40 years Over 40 years

3. Was your loved one's death sudden or unexpected?

Yes No Unsure

4. In the past month, how often have you felt yourself longing for _____?

Almost never (less than once a month)
Rarely (2-6 times/month)
Sometimes (more than 7 times/month, but not every day)
Every day
Several times every day

continued

5. In the past month has the longing been distressing to you or disruptive to your daily routine?

Yes No

6. In the past month, to what extent have you had difficulty accepting the death?

No difficulty accepting the death
A slight sense of difficulty accepting the death
Some difficulty accepting the death
A marked sense of difficulty accepting the death
Extreme difficulty accepting the death

7. In the past month, to what extent have you had difficulty trusting people?

No difficulty trusting others
A slight sense of difficulty trusting others
Some sense of difficulty trusting others
A marked sense of difficulty trusting others
An extreme sense of difficulty trusting others

8. In the past month, to what extent have you felt bitter over _____'s death?

No sense of bitterness
A slight sense of bitterness
Some sense of bitterness
A marked sense of bitterness
An extreme sense of bitterness

9. Sometimes people who lose a loved one feel uneasy about moving on with their life. In the past month, to what extent do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?

Moving on would not be difficult
Moving on would be a little difficult
Moving on would be somewhat difficult
Moving on would be very difficult
Moving on would be extremely difficult

10. In the past month, to what extent do you feel life is empty or meaningless without _____?

No sense of emptiness or meaninglessness
A slight sense of emptiness or meaninglessness
Some sense of emptiness
A marked sense of emptiness
An extreme sense of emptiness

11. In the past month, to what extent have you felt on edge, jumpy, or easily startled?

No feelings of being on edge
A slight sense of feeling on edge
Some sense of feeling on edge

continued

A marked sense of feeling on edge
An extreme sense of feeling on edge

12. Has your grief resulted in impairment in your social, occupational, or other areas of functioning? For instance, does your grief make it difficult for you to perform your normal daily activities?

Never Rarely Sometimes Often Always

13. I can't help feeling angry about his/her death?

Never Rarely Sometimes Often Always

14. I do feel anxious?

Never Rarely Sometimes Often Always

15. I do feel depressed?

Never Rarely Sometimes Often Always

16. I do feel lonely?

Never Rarely Sometimes Often Always

17. I do feel a closeness to other people?

Never Rarely Sometimes Often Always

18. I do feel a lack of energy?

Never Rarely Sometimes Often Always

19. I do feel like socializing?

Never Rarely Sometimes Often Always

20. I feel like laughing?

Never Rarely Sometimes Often Always

21. I do feel like doing something fun?

Never Rarely Sometimes Often Always

22. I do feel like smiling?

Never Rarely Sometimes Often Always

23. I feel like crying?

Never Rarely Sometimes Often Always

continued

24. I feel like helping others?

Never Rarely Sometimes Often Always

25. I do enjoy being involved in activities?

Never Rarely Sometimes Often Always

26. I do feel a strong faith in God?

Never Rarely Sometimes Often Always

27. I do feel a strong love from God?

Never Rarely Sometimes Often Always

28. I do feel a strong trust in God?

Never Rarely Sometimes Often Always

This last section asks questions about you and your circumstances.

29. What is your gender?

Female Male No answer (is okay)

30. How often do you attend Sunday worship services at church?

Never Rarely Sometimes Often Always

31. Do you regularly participate in a church-related small group?

Yes No Sometimes

32. Overall how would you rate your physical health?

Excellent Very good Good Fair Poor

33. Is there anything you would like to add to this survey regarding how you are coping with the loss of your loved one? (You may continue your comments on the back)

Thank you for taking the time to complete this survey.

Figure 1. Bereavement Questionnaire

Testing the Hypothesis

Study and Questionnaire Participants: The Tested Population

Due to the researcher's own affiliation, a Southern Baptist congregation located in Northeast Florida was chosen for this study. The church is large, enjoying a congregation of approximately 1400 actively attending members, many of whom are over the age of 45. Located in a retirement community, the church also enjoys a large population of seniors. The cross section of these senior members is a good assortment of locally raised individuals and transplants who have moved to the location from throughout the United States. As a result, a variety of American micro-cultures have combined to form the present-day church, but the congregation is majority white of European decent.

The church's campus consists of two worship buildings. One is a large, contemporary worship center, which seats approximately 900 attenders. The style is casual, as is the worship music, and the service is informal. The other building is a traditional sanctuary, which seats approximately 300 people. With its pews, baptismal, and choir section, it offers a more formal setting and worship experience. The music and service are more in keeping with an older, more traditionally conservative Baptist variety. However, since the congregation consists of so many converging American sub-cultures, worship styles, ages, and is both formal and informal, the church's theology, doctrine, attitudes, and religiosity fall in the middle of a conservative versus progressively modern assembly of believers. Therefore, they should be an adequate group in which to test the viability of introducing additional mourning practices to the evangelical church culture in America.

As a current member of the church with over eight years of experience in seniors ministry, the thesis-project researcher enjoys many personal and trusting relationships with the

people. Because of the benefit of these personal relationships, open access to the church staff and the seniors was available. Volunteers for this study were selected from regularly meeting senior Lifegroups, where the members are known to church leaders, and only those seniors who were considered well supported emotionally were considered for this study. The use of Lifegroups also aided in the execution of the project, since the study was administered, for the most part, before, during, or after the group's gathering time at their classroom locations.

The Testing Groups

In consultation with the church's Senior Adults Lifegroup leadership, twenty-one participants over the age of sixty-five were selected from these Lifegroups and assigned to one of two separate groups of seven and fourteen for the study. The two groups were:

1. Active seniors from the church who had experienced the loss of a loved one in the last five years but did not include the Standing Stones practice as part of their grief recovery.
2. Active seniors from the church who had experienced the death of a loved one in the last five years and added the prescribed Standing Stones practice for six months to their daily lives (the test group).

The study itself consisted of administering the above-mentioned questionnaire before, during, and after the six-month mourning period, and then evaluating and comparing the results from both groups, i.e., those who practiced the Standing Stone memorial and those who did not.

Test Administration and Procedures

In the first "approach" meeting with the participants (at their Lifegroup location) the study was explained, informed written consent was secured, and any questions were answered.

Once the participants were formally identified as volunteers and the necessary administrative forms signed, a personal fifteen to thirty-minute session was scheduled to take place at the end of their next weekly Lifegroup meeting (see Appendix A).

At the following week's meeting, the study formally began. All the participants were seniors over the age of sixty-five who had experienced the death of a loved one within the last five years. At this first official meeting they were given the opportunity to fill out the first questionnaire considered the "before bereavement program is applied" version. All meetings were conducted separately in different locations throughout the church campus before or after their weekly Lifegroup meeting. For privacy and sharing purposes, at the beginning of the meeting, the participants were assigned a number and were given corresponding questionnaires with the same numbers.

Once the questionnaire was completed and before leaving that meeting, the participants using the Standing Stones practice were given a two-page handout to read and reflect on, entitled "Grief-care Handout." The handout briefly explained God's interest in, and support for, an extended grief-recovery period. Also, the robust Jewish and Old Testament mourning practices were described, especially the history, theology and psychology surrounding the Standing Stones concept (see Appendix B).

Soon after that meeting, each senior was contacted, either in person or by phone, and given an opportunity to ask questions and to offer their thoughts about the handout. Once it was established that the seniors understood and still desired to participate further, they were encouraged to choose or be assisted in choosing a single object (remembrance device) that over the course of the study would represent their Standing Stone. It was suggested that the item be something which could be worn and even cause others to notice and perhaps comment on. They

were reminded about the importance of telling their loved one's story and that others might feel prompted to inquire as well. If the participant so desired, they could provide the researcher a photo of the object once they had decided upon it.

At approximately midway through the extended six-month grief period, the seniors were asked to complete their second of three questionnaires (see Appendix A). All three questionnaires were the same, even though they were to be completed before, at the mid-point of the intended grief-recovery period, and then after the study was complete. Throughout the entire grief-recovery study the Standing Stones assisted mourning practice was to be used and they were encouraged to give it continual, special attention.

Upon request, the seniors' individual questionnaire results would be shared with them one time at the completion of the prescribed study period. They could choose that the results be conveyed to them either through private, personal conversation, or by phone. For the seniors who had the prescribed mourning practice applied or those who did not, their answers would indicate whether the time spent over the course of the study period helped them feel better, about the same, or worse as a result of their grieving practices.

Participant Legal and Privacy Considerations

Because this thesis-project involved participants who had experienced a recent death, it was necessary to conduct the research in a careful and sensitive manner. In preparation for the study, a participant consent form had to be written and approved for use, and research guidelines carefully defined. Therefore, an Institutional Review Board (IRB) application was submitted to the Director of the Doctor of Ministry program and the IRB Chair at Gordon-Conwell Theological Seminary, which outlined the precautions taken to protect the welfare, rights, and

privacy of the participants, as well as a thesis-project proposal which outlined the project. Described in the IRB were specific techniques and procedures that would be used to engage and collect potentially sensitive participant information. Any and all discussions, meetings, and correspondences were conducted according to the agreement of that proposal.[6]

The participants, selected through consultation with the church's Senior Adults ministry leadership, were approached with the utmost care and consideration, so that little to no detrimental impact from the study was expected. In fact, the goals set forth by the program were that the study only produce positive results for all those directly or indirectly involved. As a precaution, every participant was thoroughly briefed and informed about the purpose, scope, and potential negative feelings that could be experienced. No unnecessary or burdensome querying or interview questions would be asked or elicited without the express foreknowledge and written permission from the participating members of the grief study. If at any time any participant felt negative or wanted to discontinue their participation they were strongly encouraged to do so without hesitation.

Measuring Outcomes

To review, observing the presence of better wellbeing and fewer negative feelings or consequences was the desired outcome for this study. Positive results, or less negative feelings and behaviors observed in self, would produce a measurable spike or increase in the grieving senior's overall sense of wellbeing within a reasonable period of time. It was theorized these results would be more positive than those found in the group that did not have the new bereavement, or grief-care support traditions, applied. In other words, a higher sense of

6. See Appendices C and D for the IRB documents.

wellbeing over time was the desired goal for all participants, and a greater increase in wellbeing was expected for those who applied the Standing Stones ritual—if the hypothesis of the thesis-project was to be proved true.

Measuring Expectations

The information gathered in the questionnaires was for the purpose of determining a participant's current sense of perceived wellbeing, and comparing that perceived wellbeing over time. For this study, wellbeing was identified in terms of an SBCS level (Strength, Balance, Confidence, and Spirituality). The SBCS level, named by the author for this study, is meant to measure someone's coping skills and strengths, or lack thereof, available to them presently. Each of us possesses a perceived SBCS level which can be measured, and an individual level (or score) can be established. The following list provides more detail about the four categories being measured.

- **S**trength being mentally tough, focused, proactive
- **B**alance being flexible, not leaning towards extremes of one sort or another
- **C**onfidence being full of confidence to do well in any given situation
- **S**pirituality being engaged in personal ministry, patient, and dependable

In measuring individual SBCS levels, the participants were assessed as described and then assigned their own perceived level of SBCS coping skills ranging from *Low* to *Very High.* These levels were then represented by the following letters or abbreviations:

V = Very high
A = Above average
M = Moderate
S = Somewhat
L = Low or Least

As an example, a participant's coping skills assessed at a *Low* level of perceived wellbeing is abbreviated as L-SBCS, while A-SBCS would indicate *Above Average* coping skills.

More positive results identified in follow-up questionnaires two and three would, therefore, suggest a measurable increase in overall sense of wellbeing. In order to provide any meaningful end-of-study results, a descriptive starting SBCS level must be established. For example, a measurable increase in wellbeing or improved SBCS skills might indicate that less suffering was taking place as the study progressed.

Thesis-Project Outcomes

Results

Throughout the program, maintaining and respecting the privacy of the participants was an utmost priority. The continued use of the representative Standing Stone remembrance device object used by the participating seniors was fully placed at their discretion whether they would continue to use them or not. If the participant felt they had sufficiently grieved the loss of their loved one in this way, they were free to use the items in another way or discontinue using them all together.

Finally, after the last questionnaires were finished at the end of the study, and having been given prior permission by the participants, select senior ministerial staff were briefed on the status of the study. They agreed that all seniors who attended the church should continue to receive normal ministry support and attention. The participants were advised that they should still be monitored by their extended support groups and that their potentially vulnerable states be taken into consideration. The church's substantial list of recommended professional counselors and psychology related doctors and resources were provided or made available to every

participant at the beginning of the study, and they were reminded of them again at the end of the project's last meeting.

All the physical material produced in the study from the participants was sealed and placed in secure storage and the names of those involved were not revealed at any time nor will they be in the future. This completed the testing period for the thesis-project. Thank you letters were sent to all involved. The analysis, results, and outcomes of the testing period and other observations are discussed in the next and final chapter.

CHAPTER FIVE

ASSESSING THE RESULTS

Overview

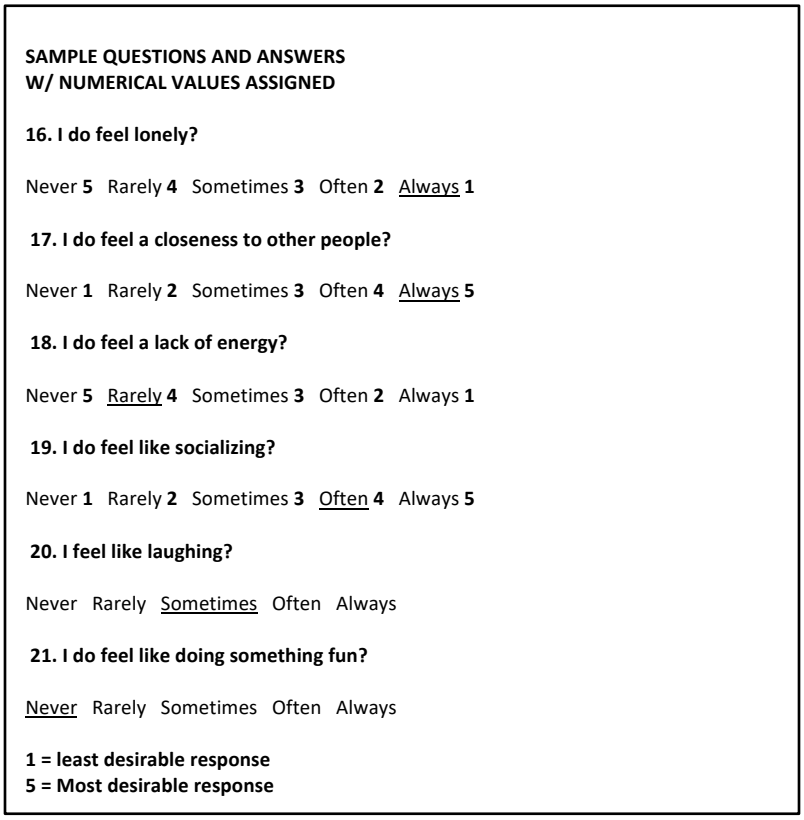
We will now review the findings of the study. The specified six-month mourning period has been completed. In total, there were twenty-one participants who took part in the experiment. They were all 65 to 78 years of age. Eight female and six male participants used the remembrance device. The questionnaires were provided and results obtained as planned and discussed in chapter four. There were no significant deviations to any planned procedures in facilitating the testing or obtaining the results. Every participant was helpful, enthusiastic, and wanted to take part in the program. Very little additional explanation or guidance was necessary. The instruction was straightforward and little else was needed to help participants understand the program and their responsibilities in it. The questionnaires were not considered difficult or intrusive. Many participants included additional comments, as if wanting to share more and enjoying the opportunity to speak about their loved ones or how they were coping.

Thesis-Project SBCS Outcomes

Practicing Remembrance Results

The fourteen *item* or *device-using* participants' first questionnaires were used to determine their initial sense of perceived wellbeing—or current levels of SBCS: emotional coping *Strengths*, *Balance* of daily living, feelings of *Confidence* in self, and whether they felt *Spiritually* attuned to God and their neighbor. To arrive at these scores, the 33 questions asked in the questionnaire contained one to five possible answers, which had pre-assigned numerical

values, ranging from 1 to 5 points assigned to them (see figure 2). The higher point values (up to 144 possible) were accumulated by those who considered themselves strongest, most balanced, confident, and spiritually attuned. Thus, they were considered least suffering or affected by their losses. The lowest point values were given to those individuals whose answers indicated that significant issues relating to their losses still existed. For example, a score of 5 was assigned to answers such as, "No anxiety being experienced" and a score of 1 was assigned for "Extreme anxiety being experienced."



SAMPLE QUESTIONS AND ANSWERS
W/ NUMERICAL VALUES ASSIGNED

16. I do feel lonely?

Never **5** Rarely **4** Sometimes **3** Often **2** Always **1**

17. I do feel a closeness to other people?

Never **1** Rarely **2** Sometimes **3** Often **4** Always **5**

18. I do feel a lack of energy?

Never **5** Rarely **4** Sometimes **3** Often **2** Always **1**

19. I do feel like socializing?

Never **1** Rarely **2** Sometimes **3** Often **4** Always **5**

20. I feel like laughing?

Never Rarely Sometimes Often Always

21. I do feel like doing something fun?

Never Rarely Sometimes Often Always

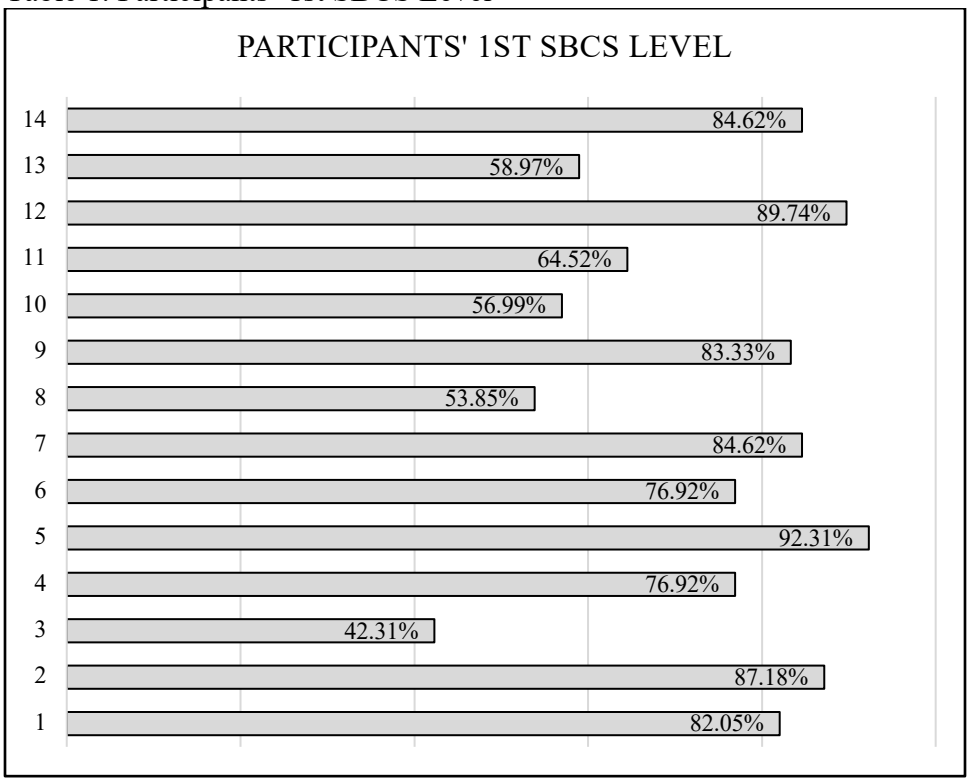
1 = least desirable response
5 = Most desirable response

Figure 2. Bereavement Questionnaire Sample Answer Values

Once all the participants' answers had been collected and cross-referenced to the numerical values assigned them, they were added together. Their scores were then converted to percentages by dividing their raw scores into the 144 (100%) total points possible (see table 1).

The higher the number of accumulated points meant the higher the percentage number. With a greater percentage, it was theorized that a greater sense of wellbeing and coping skills were present for those participants. The lower percentage scores were thought to be indicative of less coping skills being available to assist those participants in grieving a loss. Coping skills remaining low over a long-term period of time or continuing to appear underdeveloped suggested that a person could be "stuck" in their grieving process.

Table 1. Participants' 1st SBCS Level



Once the overall results were tallied, the participants' scores were found ranging from 42% to 92% of reaching the total possible point score of 144 (100%). Some participants obviously felt healthier and more confident at the time of testing than others did. Six of the participants—three males and three females—scored above 83%. As a result, they were assigned an SBCS level of V-SBCS or "Very High" scores between 83% to 93%, which was the highest

level achieved. Three more male participants scored above 72% placing them in the A-SBCS or "Above Average" level category. One female scored in the M-SBCS or "Moderate" level at 65%. One male and two females scored in the 50% to 60% range putting them in the S-SBCS or "Somewhat" level. Finally, one female scored at the lowest "L" level of 42%, which categorized her as being most affected by her loss still. It indicated she was the most suffering participant with the least sense of wellbeing and that her coping skills were not sufficient to deal effectively with her pain as compared to the others (see table 1).

Regardless, a reasonable number of years had elapsed since all their loved ones had passed (1 to 5 years). Also similar was the amount of time they had spent in relationship with their loved ones prior to their passing. Over 40 years in length accounted for most with one being between 21 to 40 years; only one participant had a relationship of less than 5 years at the time of her spouse's death.

From the raw data collected and analyzed, the participants' group average SBCS level was first calculated to be 73.88%. This placed the representative sample group at the low end of an A-SBCS or "Above Average" level. The levels were chosen by simply starting with the highest SBCS participant score. For every 10% less than that level, a lesser level was assigned. The V-SBCS, or highest level of well-being was set between 83% and 93%, A-SBCS at 72% to 82%, M-SBCS at 61% to 71%, S-SBCS at 50% to 60% and at the lowest level, L-SBCS, was defined as having a score that would fall between 39% and 49%. The lowest participant score calculated in this exercise was assigned only 60 points which equaled 42%, placing this individual in the seldom recorded L-SBCS level category (see table 1).

Since individual scores could go up or down throughout the course of the study depending on a variety of personal factors, the group's combined scores, meaning the entire

sample group with their various states of SBCS levels, were used to calculate the average level of SBCS for the group. The improvement or increase in the SBCS average level, therefore, would indicate that improvement was occurring amongst the group using the remembrance device. This change in group average, positive or negative, could then be compared to the change in the group's average which did not use the remembrance device to determine whether the Standing Stone practice was helpful. This is the basic test for the thesis-project proposal.

As planned, three months later, additional questionnaires were distributed, and the answers collected at the mid-way point in the study, and then again a few months later at the end of the prescribed six-month study period (see Appendix A). As before, the scores were calculated and averages established. The participants' mid-point average SBCS level had increased to 81.59%, over seven percentage points higher (see table 2). And at the end of the study period of six months it had stabilized, increasing only 1.47 points to 83.06%, placing the group in the highest V-SBCS level. This was more than nine points higher than where they initially started six months previously (see table 3). Considering this, it was regarded as a substantial increase especially since the study had only been applied for a total of six months during a very difficult international pandemic crisis period. All three SBCS level results for each participant have been placed side by side to illustrate the progress that occurred in each participant during the six month study period (see table 4). Ten of the fourteen participants ended at or higher than where they initially started. Therefore, based on the results, it seemed clear that the added prescribed remembrance practice did in fact help aid in the sample group's continued recovery.

Table 2. Participants' 2nd SBCS Level

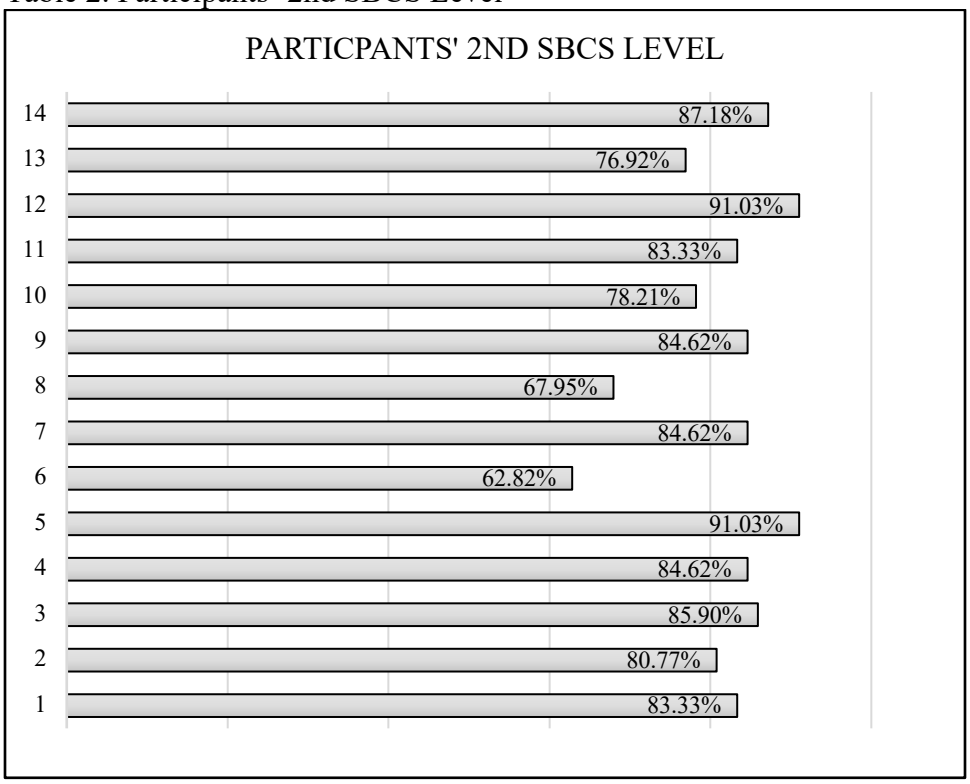


Table 3. Participants' 3rd SBCS Level

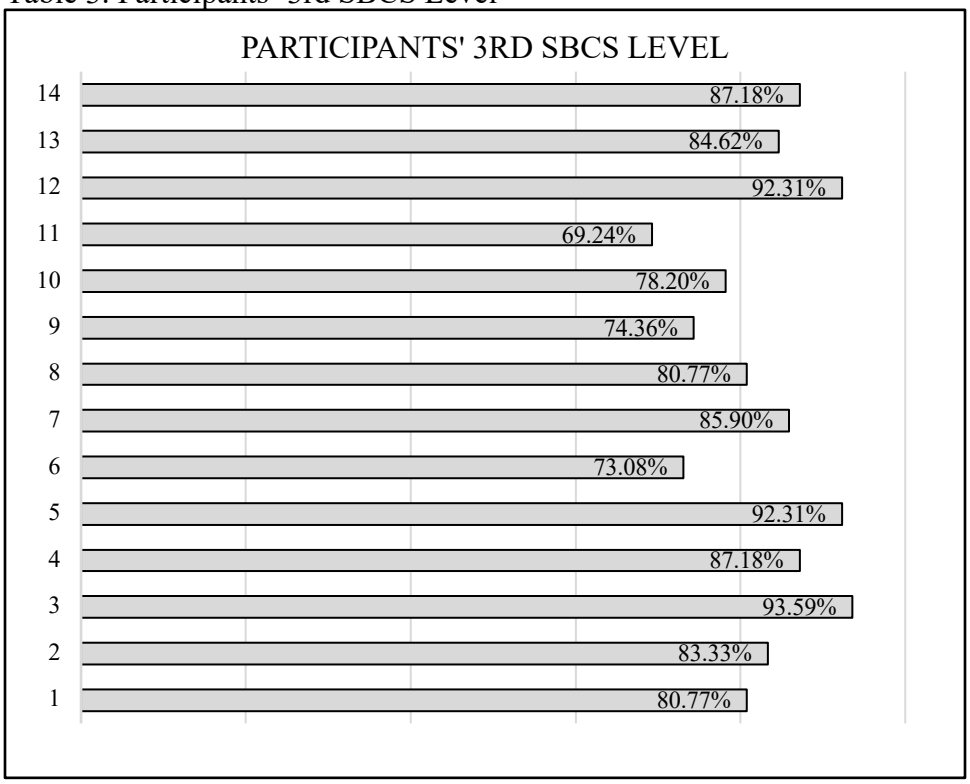
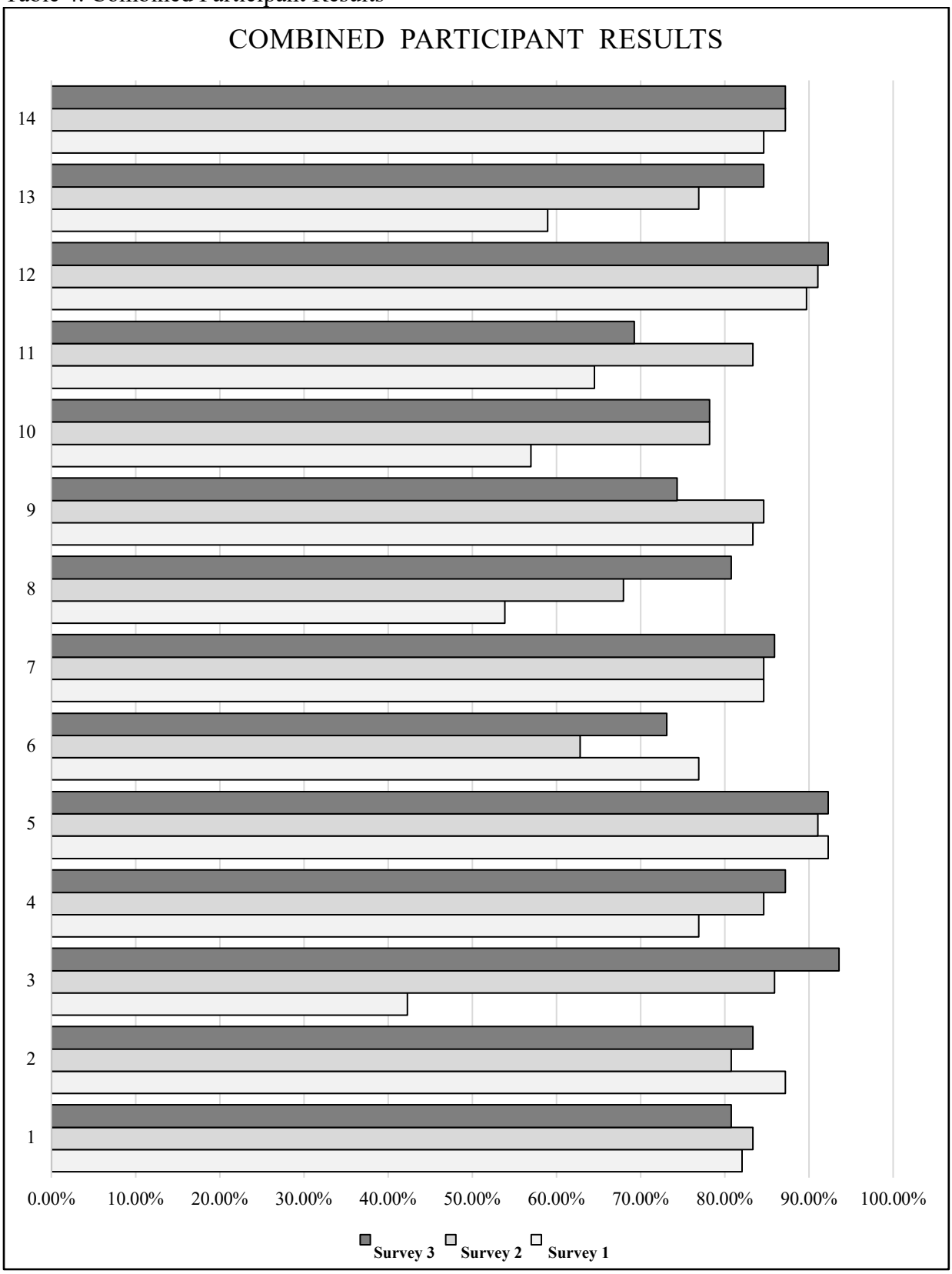


Table 4. Combined Participant Results



Control Group: Not Using a Remembrance Device

The responses of the seven participants who did not use the remembrance practice were collected and the data analyzed as well. The most important observation is that there was negligible cumulative change in perceived wellbeing (on the scale of 1 to 144 total points possible) for this group over the six-month period of the study. Three males registered between 1% and 2.5% lower sense of well-being or SBCS level after six months, and one no difference at all. One female experienced just over 1% lower SBCS level, while two more felt just over 1% better after the six-month study (see tables 5, 6, and 7). Initially, two males scored high on their first SBCS questionnaire, one in the moderate SBCS range, and one in the low range. One female initially scored high and two others scored low. At the mid-point of the study, at the second questionnaire, all seven of the non-remembrance using participants scored in the mid A-SBCS level, so there seemed to be an increase in wellbeing. But by the final query all the participants had reverted to scoring about the same as they had in their first questionnaire six months before. At the end of the study, two scored in the V-SBCS range, one in the A-SBCS range, three in the M-SBCS range, and one in the L-SBCS range (see tables 6 and 7). Therefore, the group as a whole, with their first average being 74.17 and their final average SBCS score being 73.80 showed a negligible decrease in wellbeing (see table 8).

While the sample group may not be sufficient to establish a proof of the effectiveness of the remembrance device used over a sixth-month period of time, it does provide meaningful support for the thesis-project's hypothesis. The group of grieving older adults who implemented the remembrance device for six months did show a measurable improvement in wellbeing, in contrast to the group of grieving older adults who did not implement a Standing Stone remembrance device.

Table 5. Non-Remembrance Practice Participants' 1ST SBCS Level

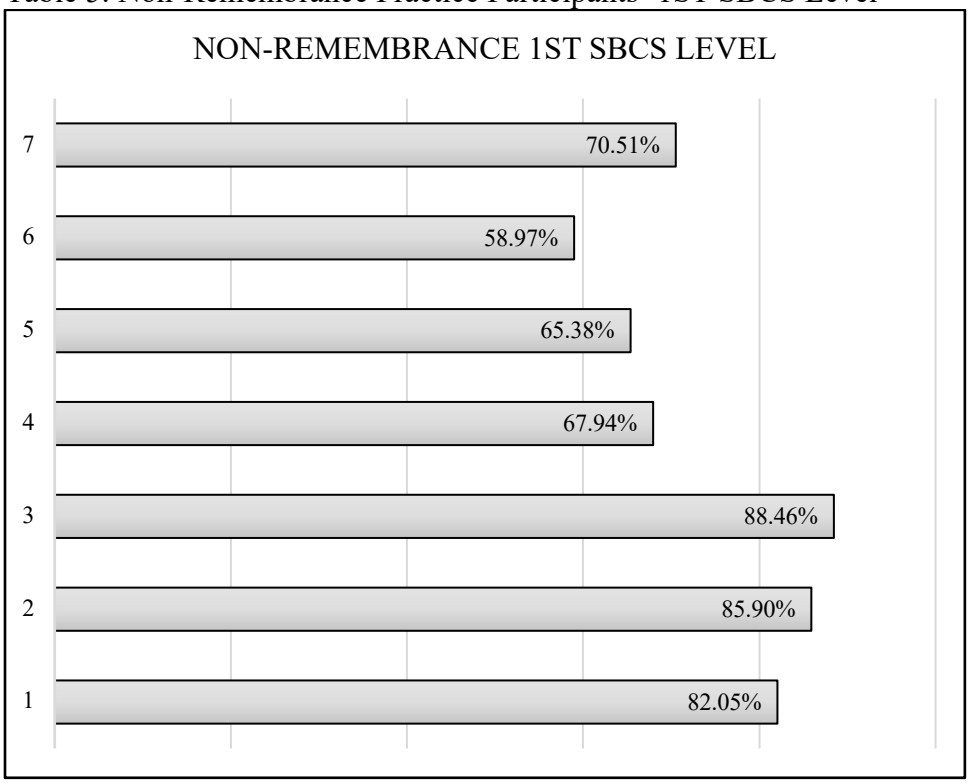


Table 6. Non-Remembrance Practice Participants' 2ND SBCS Level

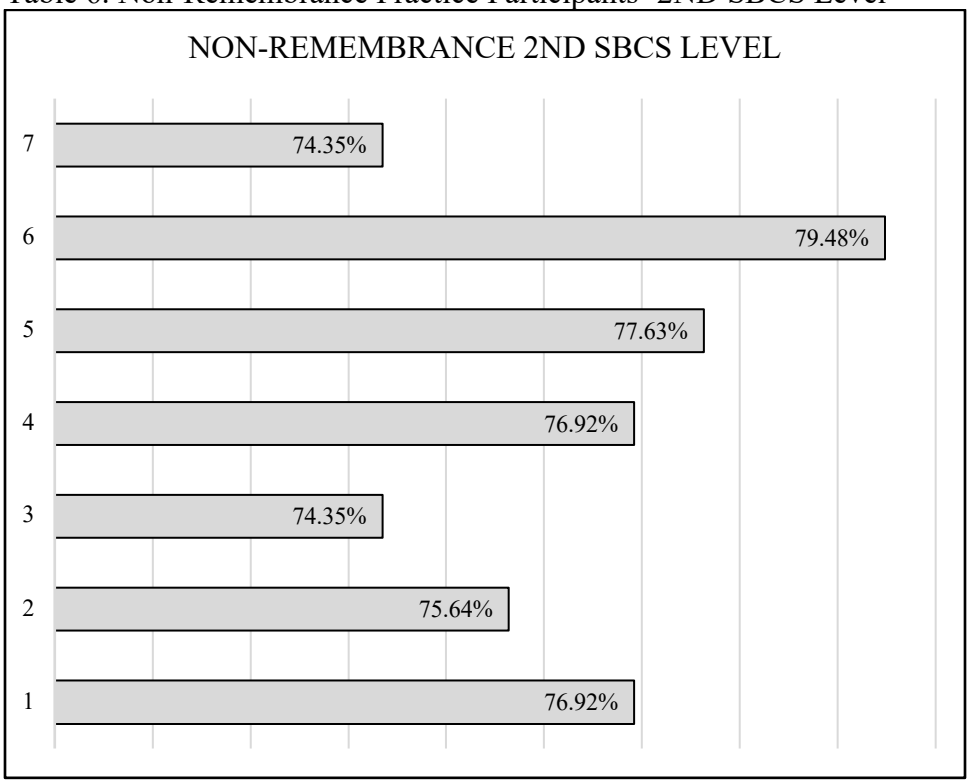


Table 7. Non-Remembrance Practice Participants' 3RD SBCS Level

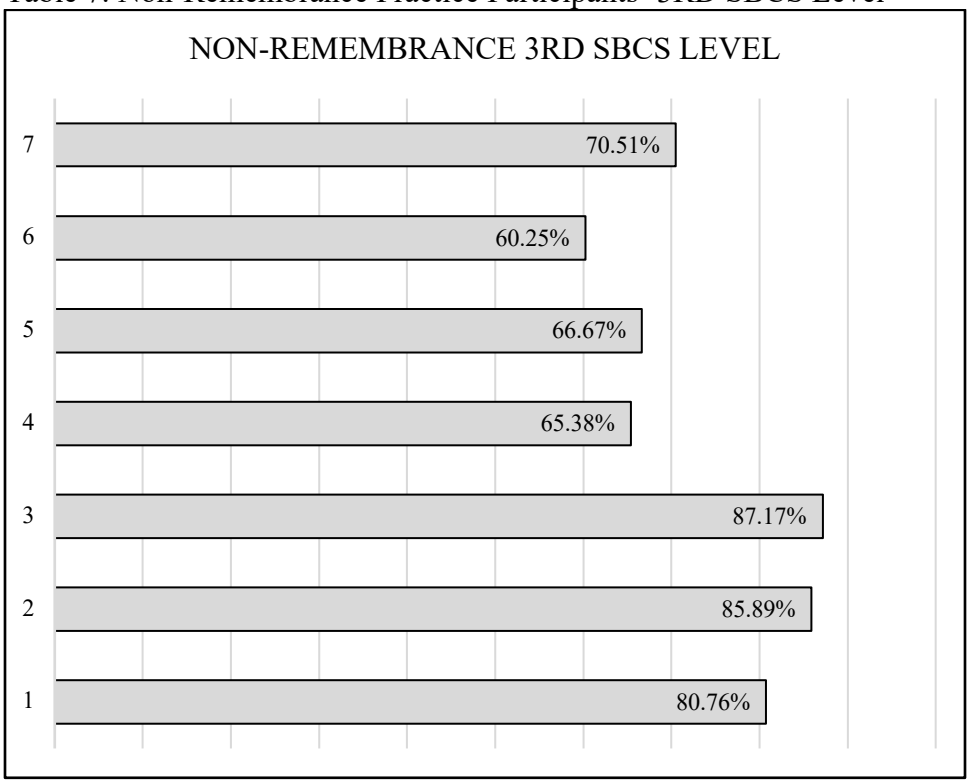
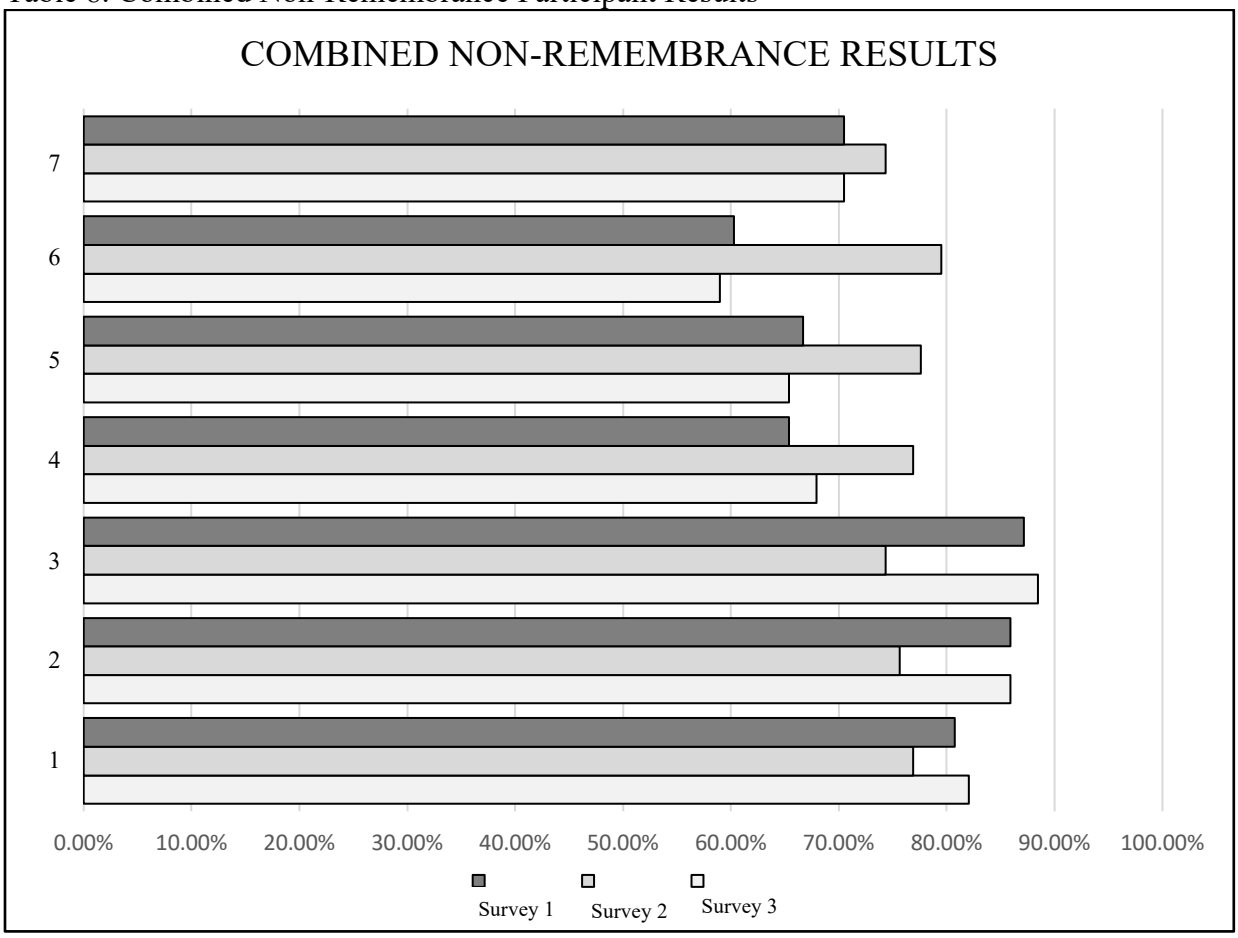


Table 8. Combined Non-Remembrance Participant Results



Researcher as Participant

Since the questionnaires could be evaluated and scored objectively using the SBCS level strategy, the researcher decided to take part in the experiment himself. His participation in the remembrance activity and questionnaires were used as a means to better understand what the experience was like personally, emotionally, and spiritually. As a result, it was considered helpful to the other participants and the researcher, as they felt like they could relate to one another. Undoubtedly, the fourteen participants and the researcher felt less like study tools and more like a team of researchers too.

While attempting to fill out the first questionnaire, which he thought would be a simple mechanical exercise, the researcher found it to be somewhat affecting. As some of the other participants also stated, they found the questions opening up feelings that had been lying dormant. Direct questions, such as, “In the past month, how often have you felt yourself longing and yearning for _____?” initiated feelings of unexpected sadness.

Another unexpected result was the discovery that feelings about different experiences of death ended up mingling together. In other words, if the researcher wanted to answer questions relating to one significant death experience, the others seemed present as well. It would stand to reason that, if the passing of one loved one had not been adequately mourned, then the others could be affecting as well. Time had not done much to alleviate some of the burden, regardless of how long it had been.

One more unexpected result occurred when applying the remembrance object itself to daily living. Although it was suggested that the participants wear a remembrance item that was personal and would remind them of their loved ones, it was also intended to be something that could potentially draw inquiry. The researcher chose to wear an olive-green cord, wrapped several times around his right hand. Attached to the cord was a bright emerald green disc with a carpenters nail head, approximately one quarter inch in length, secured with clear plastic tape. The cord ran through a hole made in the square piece of plastic tape housing the nail with the disc next to it. Both items sat against the inside of the wrist in plain view. It was hoped using something extremely visible and perhaps unique would illicit curiosity by those that might see it. Oddly, not one person in six months of wearing the strange wristband ever said a word. It is worth noting that the researcher normally has on conservative clothing and is not known to wear

any other unique items of dress. Nevertheless, not a single inquiry was made, except for an occasional glance.

During the course of this study another important fact was observed. Even though the study participants were reminded on occasion to make sure they were wearing their remembrance items, none of them did, at least not at church. Being completely transparent, not even the researcher felt comfortable wearing such a symbolic item at times. So, even though improvements of felt wellbeing were achieved in this study, not complying with the instruction to wear their remembrance devices in public may have reduced the possibility for even greater healing. In the future, the need to wear the remembrance device in public, even if it feels uncomfortable, must be stressed. The private use of a Standing Stone appears to help in grief recovery, but failing to wear it in public falls short of biblical practice and Jewish tradition. Private remembrance does not help the community mourn with those who mourn.

The hesitancy to use public remembrances, or to publicly express grief, may also reveal that the modern church applies subtle pressure to mourn in private rather than public. Instead of doing what the Bible records God's people doing for centuries—displaying contrite hearts, symbolically tearing clothes in sadness, expressing how one feels, for good or bad, but honestly—Davidic norms, which depend on the God of all comfort to console in the company of His people—Godly ways have been traded for lesser, non-biblical means: the subtle normalizing of practicing positive thinking and self-help spiritualism. To think positively or pretend to do so in order to manifest good fortune or get what is wanted in life is not a biblically supported means or method.

The participants who were asked to conduct this study were willing candidates, all mature, active church members, and considered good and wise by all. Regardless of whether

they wore a remembrance item or not, being part of a study was important to them, and they all enjoyed being asked questions about how they felt. They went on to offer additional information or re-tell stories about their loved ones voluntarily. Obviously though, wearing an item was something they felt uncomfortable doing. Maybe they saw it as imposing on others. Regardless, they enjoyed doing what the remembrance item and prescribed mourning period were supposed to do— remember. It seems there is healing in saying more about one's life with their loved ones and doing so on a more regular basis. Not missed was the fact that every participant still had a sense of sadness about them, but a godly sadness which is always appropriate. In their own way, when given permission to grieve, the actual act of inquiring about their loved ones was well received. It was considered appropriate by both the inquirer and the participant. In fact, whenever the researcher saw one of the participants throughout the study period, it was as if a unique bond had been formed because of their mutual understanding pertaining to grief.

As a reminder, Kristi Alday said, "When one gets to the point of telling how their loved one lived and then pointing to the glory of God, that is a sign of healing."[1] Telling how they died, that they died, and how their loved one lived is all part of the grieving process that must be internalized, and through a complete mourning process performed correctly, it can bring relief sooner than later that honors God in the process.

Objects, for remembrance's sake, are important. They stand as a legacy. They are meant to help keep a memory alive. A memorial stone often does this. There is a memorial on the beaches of Normandy in France that represents over 4400 American soldiers who lost their lives during the D-Day landing of World War II. It is honorable, appropriate, and a legacy that is

1. Kristi Alday, "Grief – understanding the foreign language," The Institute for Christian Studies, accessed May 21, 2021, http://institute-of-christian-studies.thinkific.com/courses/grief. Wendy Leech, "Grief Workshop Changed My Perspective," Episcopal Diocese of Central Florida, November 9, 2016, accessed May 21, 2021, https://www.cfdiocese.org/cfe/grief-workshop-changed-my-perspective.

maintained. The cross of Jesus is also a memorial. The cross itself is not worshiped. But for many, the cross stands as a memorial and reminder of Jesus Christ's love and the great sacrifice He made for them.

Because the American military prides itself on serving its nation honorably, they tend to naturally create and maintain legacies for their fallen. Every year, in one way or several, the fallen are being remembered in ceremony or occasion. The fallen soldiers' widows, called *Gold Star wives*, are given special attention each year as they gather to celebrate the lives of those who gave their lives in defense of their country. Friends and comrades wear specially designed bracelets year-round that proudly display the names of the soldier-friends whose memories they wish to keep alive. These are all examples of Standing Stones.

Symbolic and Actual Benefits of Study

In the researcher's own estimation, it seemed extremely beneficial to wear the remembrance items. In an otherwise busy world, constantly seeing the items brought up memories of his loved one. Seeing the items not only reminded him of the person or persons but also about God and the mourner's path that he entrusted himself to. It was not a matter of walking down an actual path, or the item worn becoming some mystical means of getting God to perform miracles. It just elicited feelings of peace and comfort knowing the Lord had been specifically requested to help for a special period of time; that He was being depended upon and not any positive thought process to wish away all that ails. Wearing the item always and in public, where it could be construed as awkward looking, actually meant that there was an element of being a fool for His love. Being bold for Him translated to feeling like the boldness

would be rewarded or acted upon by God. As Jesus spit into the dirt to make it a salve, wearing the remembrance device was an intentional act of faith seeking God's healing.[2]

The researcher's own observations throughout the study period have provided for additional insights that may be helpful to the pursuit of healthier grief-recovery practices in the future. By opening the door or starting down a path of healing intentionally and specifically seeking God's help, it has created an atmosphere of contemplation. The drum of God's understanding and ultimate healing beats in the background. Spontaneously and organically, the researcher sought other help and additional information that would facilitate feeling more or unlocking any repressed memories. It became a theme for daily living. Coincidently, a GriefShare program that had been offered was taken advantage of. Curiosity itself was part of the reason for attending, as it would add to the overall research conducted during the study but also and mostly for therapeutic reasons. In other words, for the researcher anyway, the simple act of intentionally placing oneself in a state of healing, led to seeking God's healing in more ways throughout the prescribed time of mourning.

Conclusion

The results for this study are no great surprise. However, monitoring the changes and being able to calculate them in detail, in real time, brings an added sobering reminder that not enough is currently being done, and that something as simple as the idea of including a remembrance practice can help facilitate added healing and less suffering.

Why are there not more grief-recovery programs like the ones described throughout this thesis-project among our churches today? Why did our spiritual ancestors practice them and

2. "After saying this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes" (John 9:6).

obviously benefit from them, and we still do not use them? This brings to light again the notion that this and any other form of extended grief-care has not become the norm because American Christian society may be pressuring itself to put on an image of total health for the world's sake.[3] We are doing this despite what God's Word says about our place in the world and, more importantly, God's call to love our brothers and sisters and take care of each other.[4] The Jewish people have not tried to replicate the ways of the world. They seem to be sailing their own ship, content with not worrying about what the world thinks of them.

Giving the Jewish Tradition a Say

Due to the complexity and sensitivity of this thesis-project, querying members of the local Jewish community was not feasible. Instead, this researcher decided to gather insight from representative clergy about the grief-care and grief-recovery which takes place within the Jewish community. To that end he approached Mona Decker, Rabbi and Chaplain for the Community Hospice Center of Northeast Florida, who graciously agreed to spend time discussing this topic over a few sessions.[5] Her insights and long-held experience in conducting Jewish funerals and assisting Jewish end-of-life scenarios makes her particularly qualified to speak to how grief is being processed within the region's Jewish circles. In opening up the discussion, she stated that she does believe that in American society, once someone's loved one is gone and the busy time of dealing with the immediate details of death, burial, and funeral services is over, there is a gap

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3. Justin Holcomb, *"Investigating Death in America."* (Center for Christian Study, Lecture Series, Spring, 2008). "Study for Christian Study," Study Center, accessed May 20, 2021, https://www.studycenter.net/lectures/investigating-death-america.

4. "A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another" (John 13:34-35).

5. Mona Decker, interview by author, Saint Augustine, FL, June 10, 2021.

in which needed support and condolences cease. The mourning is left to the bereaved to somehow navigate alone. Eventually, people find themselves looking for ways to experience closure. She sees a protracted mourning taking place, especially among those who do not usually spend time participating in local synagogue or church activity. The first year is usually the worst, but those who are active often find much support throughout the first year. The local synagogues can be a busy place, not only on the sabbath but throughout the week as well. Mourners are especially supported and encouraged to participate in the life of the synagogue where there are daily services and even special services weekly held for those who are mourning a loss. The Mourner's Kaddish is an important part of their lives as they will recite it many times over the course of a year.

The researcher asked Rabbi Decker a number of questions having to do with how American society and the various faith groups compare to that of Judaism's way. As a professional and honorable leader, she was humble in her responses. Judaism is unique and has its own way of doing things, but she does not discount other faith groups' ways of dealing with grief. In the end, she agrees, though, that one way or another the body will go through a period of grief and mourning. What she finds that most people have in common is that at difficult times, especially when having lost a loved one, people want to feel grounded. They want to feel connected to something bigger than themselves to help cope with the circumstances. The grounding is found in placing the experience and circumstances into connection with those who are spiritual, religious, and confident in matters of life and death. People need some sort of support, if only connected to a group or organization that understands for a short time. The bottom line is, they do not want to go it alone or without any closure. People may not darken the door of a synagogue, church or support organization throughout their life on a regular or even

weekly basis, but they are more apt to during the first year after the passing of their loved ones. There is a need to make sense of it all and to place the feelings associated with death somewhere for a time. Although not answering directly whether other groups need to do more, she suggests if they did, they probably would not want to mimic Jewish ways. It is just seen as very Jewish and therefore foreign. Nevertheless, this most experienced hospice chaplain believes that grief and mourning are important aspects that should not be ignored by any faith group.

Most telling is in her confident expression of Judaism's way. After many years, undoubtedly seeing an array of customs, traditions and coping strategies in many people's religions and support programs, Chaplain Decker is more confident than ever in the Judaic ways. It is as if she has been many times from point A to point B, and if someone wants to know the way she and her ministry get there, it is by her thousands-year-old tradition. What they do simply works.

To illustrate this, she told a story of the way things happen in more robust, traditional Jewish communities. The synagogue seems always open, with people coming and going. The book of Ezekiel comes to mind. There are daily services of one type or another. Mourners are encouraged to come. There are other mourners there. If not daily, there is a special weekly service that is fashioned just for those in various stages of grief. They spend time praying, singing, reciting, listening to a sermon, and talking with others. A yearly calendar of bereavement is initiated for those that have lost someone. As discussed in detail in the previous chapters, there are specific times and occasions set aside for mourners: times when grieving and mourning should take place—at one, seven, and thirty days, and at the one-year anniversary of the death. Support during this time, as she describes it, seems a constant source of grief-care for those needing it.

Unfortunately, what the researcher missed initially in his study was the nuances having to do with Jewish mourning periods. He understood that being known as a mourner was important, or that wearing a black piece of cloth (or some other form of remembrance) for the period of prescribed mourning was helpful. But this alone is not the Jewish way. Being identifiable is important, speaking about the loved one is too, and so is keeping their memory alive. But there is more. Each of the time periods is used as a marker. While participating in extreme mourning, the year-long period is marked by graduating to lesser degrees of mourning. By the end of the year, great hope and light for the future is expected. The mourner may not follow the marked periods precisely, but they know the process is moving to ever decreasing levels of sadness. So Christians who want to learn from Jewish tradition need to understand that the heart of the Jewish way is to progress to lesser and lesser degrees of sadness and mourning through a year of observances because God's light at the end of the mourner's path is getting brighter and brighter as they approach the end.

One of the most powerful and supportive illustrations of the type of care and concern the Jewish community engages in was revealed by Rabbi Decker when she described the funeral services she often conducts. At the end of the ceremony, all the guests form two lines. The grief- stricken mourner slowly walks between the rows of people. As the mourner passes by the guests, they all express the words having to do with the journey one has begun down the Mourner's Path. It is the modified and shortened recitation of the Mourner's Kaddish. It is better known as the Mourner's Prayer and is offered in Aramaic, saying: "May the God of the Universe, comfort you in your time of mourning amongst all those in Jerusalem and Zion." How powerful an image this must be for the ones who need to know God's healing is available and at work, and that they are being acknowledged and supported throughout their journey along the

path of comfort and ultimate healing. It may be a symbolic reenactment for what took place at one time in the Temple. And perhaps Ezekiel's more perfect description of the type of assembly that will exist one day is being hinted at. But until then, it is good to strive for, by the entire body of believers, this standard which is undoubtedly pleasing to the Lord, especially when He sees His children loving each other in more and more extravagant ways.

Giving Jesus a Final Say

The Christian has the added hope of knowing that Christ's resurrection and our subsequent salvation means we have direct access to all the blessings Jesus died for. When I suffered for my grief as I outlined at the beginning of this thesis-project, I tended to rely on myself and other good intentioned *human* solutions for healing. The true healing by the true *Provider* was always available to me though. Like many things on our Christian journey, it seems we often revert to depending on our own solutions. But Jesus was always waiting for me to "ask, seek and knock" for what I needed. In fact, being intentional in this way was part of the solution. By asking the One who heals *in faith*, Jesus our Savior, to intervene is the miracle that is always within our reach. And in that more perfect world that Ezekiel speaks of, it is Jesus who is in the Temple ready to receive and embrace us where He is the salve we must have in order to heal from our wounds.

The author of the book of Hebrews, presumably Paul, is right, when he says that "the law never made anything perfect. But now we have confidence in a better hope, through which we can draw near to God."[6] Grief-care and grief-recovery both begin and end when we purposely and intentionally get onto the mourner's path of Jesus's supernatural healing. It is His path that

6. Hebrews 7:19 NLT.

provides healing and not our own, but we cannot have this healing unless we give Him, "The Place," permission to be our Jehovah Jireh and Jehovah Rapha, our *Provider* and *Healer*.

As we continue our beautiful and God honoring Christian traditions of making time for praying and fasting, singing and worshiping, and even our prayer walks, perhaps we can add one more physical, outward expression to our walk of faith: we can choose a place and dedicate it to healing. It can be our mourner's labyrinth—a place we can take a walk in peace, with vulnerability and trust, where there are no distractions. Surely our Lord Jesus will meet us at the entrance to it, at the center, and through to the other side in a very special way.[7]

First Thessalonians 4:13 says, "But we do not want you to be uninformed, brothers, about those who are asleep, that you may not grieve as others do who have no hope." Our revised mourner's *kaddish* for Christians now living in the 21st Century can be something that reflects the *Living Hope* that we know lives inside each one of us. Perhaps, as we process our moments of grief, we can go to that peaceful place of solitude with our remembrance item and walk the path we have chosen. And, while on it, our kaddish that we can offer up to our God for ourselves and others can be: "Jesus, Lord and Healer, our place of refuge and ever present help, console and heal our hearts and souls along with all our brothers and sisters who are in Your pasture feeling hurt, lost, or wounded. Absorb our grief and shower us with the love and hope You reserved just for us. You sacrificed all that we might have all. Thank You, Jesus. Now help us to believe it. Amen."

7. Jane Williams, "Walking the Labyrinth," in *New Techniques of Grief Therapy: Bereavement and Beyond*, ed. Robert A. Neimeyer (New York: Routledge, 2021).

APPENDIX A

SCHEDULE FOR ADMINISTRATION OF QUESTIONNAIRES

Make final advised corrections to Questionnaire.	12 April 2021
Final Consult with Lead Pastor and Advisor and query notes for final participant selection.	13 April 2021
Call Senior Lifegroup leaders Friday-Saturday Night.	16-17 April 2021
**Approach Select Lifegroup members Sunday between 8:00 am and 1:00 pm, obtain permission, obtain signed consent form, fill out first questionnaire, *provide *Standing Stones* Handout to select bereavement program participants only. Schedule next contact.	18 April 2021
Over phone or in-person at church, *discuss *Standing Stone* chosen, object, answer any questions, remind of precautions and resource lists/signs of discomfort, etc., schedule next contact times.	21 April 2021
Monthly contact via phone or in-person at church.	16 May 2021
Monthly contact. Confirm date for filling-out second mid-point Questionnaire.	13 June 2021
Call to confirm. **Meet participants and administer second Questionnaire. Schedule third and final Questionnaire date.	11 July 2021
Monthly contact via phone or in-person at church.	8 August 2021
Monthly contact. Confirm date for filling-out third and final Questionnaire.	5 Sept 2021
Call to confirm. **Meet participants and administer third and final Questionnaire. Schedule time to discuss results. Provide counseling resources again and final brief.	3 October 2021
Contact Lead Pastor and Advisor participant participation is complete. Final brief to Pastor.	3-4 Oct 2021
Make final analysis of Questionnaire materials contact participants via phone or in-person at church.	10 Oct 2021
Destroy Questionnaire material and send out thank you letters in next few weeks.	10 Oct 2021

Submit findings to thesis-project Supervisor. Project complete. 10 Oct 2021

* Only *Standing Stones* Remembrance item or device using participants asked or shown anything related to the Remembrance item strategy.

** Pre-selected locations have been chosen on the church premises to administer the Questionnaires. Either in the classroom, offices, meeting hall, and other semi-private locations during the hours of church operation on Sundays. Researcher will only meet with participants one at a time. Testing and meetings will take place only in the company of one other observer pending their approval (my spouse).

- At all times participants will be reminded of the privacy policy put in place and that they also not freely disclose any knowledge of others they may know are participating in the study.

- More thorough details for the study can be found on the IRB Informed Consent Form, Review Of Protections of Human Participants Application, and Thesis Project Proposal. A draft copy of Chapter four of this project has additional information pertinent to this study.

Don R. Kabrich
GCTS, Pastoral Theology in Practice
xxxxxxx@xxxx.com or
xxxxx@xxxxxx.com

C.Ref. 12 April, 2021, For Dr. Phil Xxxxxx, Project Advisor

APPENDIX B

GRIEF-CARE HANDOUT

Welcome! Many children of God suffer longer than necessary. For years they may remain frozen in a state of grief, pain and sorrow. For the most part, we believe God would never want this for our lives.

This being said, let us be guided into His truth once again by applying His wisdom designed for us. As you may recall, God led His people to know when exactly to flee Egypt, how to go, where to go, what to build, how to build them, what to eat, how to worship, and so on. Everything for our lives God has a prescription for. This probably includes how we should grieve a loss.

It is believed that a special pathway existed in the Temple for those who were suffering a loss. It could have been so the mourners had a very direct access to God's throne. Others would know who they were by being on the Mourner's Path. "May God console you among the other mourners of Zion and Jerusalem."

God wants us to know that we are not alone. At any given time, at exactly the same moment, many others just like you and me are grieving the loss of a loved one. We all grieve, God grieved in Genesis and Jesus wept and grieved. The greeting calls God by one of His lesser known names. We know He goes by many, but in this instance, He is simply "The Place." On the Mourner's Path this name symbolizes that we journey in His healing atmosphere, coming closer and closer to His throne.

Only God's salve and anointing can bring us the healing we really need. In fact, God has reserved this right for Himself. Because only He is Mighty Counselor and Healer. Our part needs to be that we first acknowledge and surrender our lives to Him in this specific "Grief-felt" way. To put our shoulders back and continue on with life as if nothing has happened, is not what His Word tells us to do. It is commendable, but that practice is probably not what the Lord will use to heal our pain most thoroughly.

As we symbolically enter His holy Temple and journey along the special mourner's path, we begin the process of healing the way He may have created and designed for us. Like those ancients' who came before us, we can place ourselves especially in His hands in times like these.

To facilitate this, we can physically, spiritually and emotionally participate in some form of remembrance practice. It is simple but places us for the duration in "The Place," God's healing atmosphere. When we do this, every second of every moment of every hour, day, week and month God's healing can be ours.

As you may recall God's people placed or stacked memorial stones in remembrance of people and events. Stones are still used today, large and small. Some are even placed on headstones. The word headstone actually comes from the ancient Hebrew word which is "Standing Stones." A Standing Stone then is designed to cause a story to be told.

In order that we begin the healing process, we begin our intentional journey on the Mourner's Path in full view of God and others. Perhaps we can symbolically activate this time of surrender by creating a Standing Stone to help us know that we are in "The Place" to begin the journey down the Mourner's Path.

The Standing Stone, in this case, does not have to be a stack of rocks for all to see. But the purpose remains the same. We should choose something, a necklace, bracelet, ring, lapel pin, broach, a strip of black cloth, a small figurine prominently displayed, something that can be readily seen. It is meant to represent our loved one who is no longer with us. What we display can prompt others to know we are mourners and under God's care. This will prompt our loved one's story to be asked about or told often.

It can be a precious prescribed time, designed for a specific purpose, where God has made Himself to be our sole healer. If we want to be okay in the end, but are not even sure we can live well again, this simple God glorifying practice of remembrance may be a means to this end. The following prescription cannot hurt.

Please choose or have someone assist you in choosing a single object that over the course of the prescribed time will represent your Standing Stone. It is suggested that the item be something that can be worn and even cause others to notice and perhaps comment on. It is important, as awkward as it may feel, to create opportunities that remind you of your loved one, to speak of them and that others be prompted to inquire as well.

Throughout the agreed upon mourning practice time period, please maintain giving the process priority, meaning and significance. You may share, as you understand it, what you are doing as it relates to the mourning practice you are participating in. Finally, you are encouraged to conduct your life as normal in every other way, to include participating in whatever else you, your church leadership, mentors, friends, and grief-support helpers think best.

In approximately one week, I will contact you or feel free to reach out to me with any questions. At that time, we can confirm you have chosen your remembrance item and set the next date to meet. About mid-way through your prescribed mourning period, I will reach out to you, so you can fill out your second of three questionnaires. Although you may have many special items or activities that remind you of your loved one, please consider the one we have chosen to be <u>the one</u> that represents the trust, surrender and acceptance that you are giving the Lord to place you on the Mourner's Path where He will minister to you in this specific way.

May the Lord bless you and keep you. I pray you are protected and sanctified through this process. I especially pray that Jesus place a hedge of protection around you and your thoughts and activities in the coming days. May our mighty Savior guard your heart and the lives of your loved ones.

Thank you so much for taking the time to read this and possibly taking part in this project. Hope to talk with you again soon.

God bless you

APPENDIX C

IRB APPLICATION

Gordon-Conwell
Theological Seminary

130 Essex Street
South Hamilton, MA 01982
978-468-7111

REVIEW OF PROTECTIONS OF HUMAN PARTICIPANTS

When data are collected from human participants—as opposed to conducting library research where data are gathered from books and periodicals, unique ethical considerations emerge. Given the importance we place on Doctor of Ministry (D. Min.) thesis-projects that meet the highest level of ethical integrity, Gordon-Conwell Theological Seminary (GCTS) has established an Institutional Review Board (IRB). The purpose of the IRB is to protect the welfare, rights, and privacy of research participants. To this end, this form provides guidance to GCTS students and faculty in reviewing protections of human participants. D. Min. students must complete this form and submit it along with their thesis-project proposal (Form I). The thesis project mentor, the Director of the D. Min. Program and the IRB Chair will also need to review and sign this form.

Date: 5 March 2021

Student name: Don R. Kabrich E-mail:donxxxx@xxxxx.com

Phone: (xxx) xxx-xxxx Address: xxx xxxxx xxxxx xxxxxx,
xxxx xxxxx, xx xxxxx

Thesis Project Title: Grief-Care and Grief-Recovery for the Church in the Twenty-First Century

Thesis-Project mentor: Dr. Phil Xxxxxx

Thesis-Project Reader: Dr. David Xxxxxx

XX Yes ☐ No This project involves human participants.
If you checked "no," sign the assurance on the next page and proceed no further.

Student assurance and compliance statement: (Original signatures required)

- I agree to accept responsibility for the ethical and scientific conduct of this project.
- If any modifications to the project occur, I agree to submit a modified REVIEW OF PROTECTIONS OF HUMAN PARTICIPANTS for approval prior to implementation, including, but not limited to, changes in methods and procedures, etc.
- If relevant, I agree to promptly report to the IRB any unanticipated adverse outcomes to human participants.
- I agree that any data that will be used exclusively for my project will not be collected from human participants (including participant recruitment) until this form has been reviewed and signed.

_____ _____

Student signature Date

Instructions: If the project involves human participants, please complete the following. Comment on each area. Under each major heading specific items are referenced. You should address those that apply to your project.

I. Nature & Purpose

- Provide a brief description of the goals of the project and/or the significance of the study.

A. Problem - Researching various organizations that deal with Christian seniors whom suffer, there does not seem to be a collective approach by which American churches assist and support their seniors who are grieving a loss. In addition, they do not seem to be sharing any commonly accepted Christian grief-care theology that embraces the process found in the Bible where grief and mourning processes have historically been used. The average senior adult who experiences the loss of a spouse and whose only grief related interaction mostly involves a funeral or memorial service is probably not experiencing enough bereavement support in order to grieve adequately.

B. Question - Do Jewish American seniors recover from a loss better and more quickly than Christian seniors? If so, it may be due to this group using thousands of years old biblical instruction based on tradition and ritual that God desires. It is possible churches might benefit from creating a revised approach to grief-recovery that includes aspects of these ways.

C. Hypothesis - Jewish Americans conduct senior grief-recovery better by aligning themselves with the tradition and ritual surrounding loss and grief that God desires. Thus, they experience better grief-recovery results that are restorative and believe God

is honored by. Current Christian strategies do not practice or incorporate these Jewish traditions because and perhaps, they do not believe they are necessary or may not realize they exist.

- Describe how the results of the research will be disseminated [in addition to the D.Min. thesis-project] (e.g., anticipated publication as a book, workshop presentation, etc.)

  All the physical material produced in the study of the participants will be sealed and placed in secure storage or destroyed and the names of those involved will not be revealed at any time in the future. With permission given by the participants of the study, select senior ministerial staff will be informed and briefed on the status of the study during and upon completion of it. Names will not be used when writing any portion of the thesis. In addition, no names will be used or disseminated to anyone, to include any learning institutions. There may be plans to publish portions of the study, or in its entirety as a book, and to conduct future lectures on the subject of grief but the names and locations would not be revealed.

II. Methods & Procedures

Describe the methods and procedures to be used in the research project, including any pilot studies.

- Briefly describe information given to participants regarding how questions or concerns they may have regarding the project will be addressed.

  All involved will be thoroughly briefed and informed about the purpose, scope, and potential negative feelings that could be experienced. No unnecessary or burdensome querying or interview questions will be asked or elicited without the express foreknowledge and written permission by the participating members for the grief-study. Each senior participant will be initially contacted and then periodically in person or by phone and given opportunity to ask questions or offer their thoughts about the grief-study handouts and surveys they will receive. Once it is established that the seniors understand and desire to participate further, next phases of the study will be initiated.

- Briefly describe and attach questionnaire forms or interview questions that will be used *in their final form*.

  (See pages 65-68 of Grief-care Thesis Project)

- Describe in order the events or activities that the participants will experience during the project.

  Completing all administrative requirements, the study will formally begin. All the participants will be seniors over the age of sixty-five and who have experienced the death of a spouse or loved one within the last five years. They will be given the

opportunity to fill out a first questionnaire, considered the "before bereavement program is applied" version, so their basic information can be measured and assigned a level of study compatibility. Once these scores are recorded, each participant will be given a two to three-page handout to read and reflect upon, entitled: "Grief-care Handout." The handout will consist of briefly explaining, as described throughout this thesis-project, God's interest, design, participation, and support for embracing an extended grief-recovery period. Also, in the handout will be described the biblical examples, the extensive Old Testament mourning practices, a mourning prayer, and especially the history, theology and psychology surrounding the *Standing Stones* concept used in the study for helping process grief. Standing Stones simply refers to the ancient biblical concept of using rocks to mark places and burial sites, stacked as memorials, used for remembrance purposes. For this project's purposes, it will be a place, object, or activity that initiates thoughts, feelings, memories and conversation about the person who died.

Next, each senior will be contacted, either in person or by phone, and given an opportunity to ask more questions and to offer their thoughts about the handout. Once it is established that the seniors understand and desire to participate further, they will be encouraged to choose or be assisted in choosing a single object that will represent their Standing Stone to be used over the course of the study. It will be suggested that the item be something that can be worn and even cause others to notice and comment upon. They will be reminded about the importance of telling their loved one's story and that others may be prompted to inquire as well. If they desire, a photo of the object or description may be given to the researcher.

At approximately midway through the extended grief period prescribed, the seniors will be asked to complete the second of three questionnaires that they will receive. This questionnaire will be considered the "during bereavement program is applied" version. All three questionnaires will be the same, however. They are to be completed before, at the mid-point of the intended grief-recovery study period, and then after the study is complete.

Throughout the entire grief-recovery study and testing of the thesis-project's hypothesis, the Standing Stones assisted mourning practice will be used. The seniors will be encouraged to maintain giving it significance. They are to conduct their lives as normal though in every other way, to include participating in whatever else they, their church leadership, mentors, friends, and grief-support helpers decide is best.

- Explain debriefing of and feedback to participants at end of project if you plan to debrief participants or if you plan to share project results with them.

The results of the senior's questionnaires, the ones given before, during and after the prescribed study period, will be recorded and no results shared during the thesis-project testing periods. In addition, the participants will be advised not to share their thoughts, feelings or answers with the other participants. Only upon completion of

the programs pre-planned grief-study time period will the results of an individual senior, if they desire, be shared with them.

- Describe any possible risks to the subjects (e.g., distress related to talking about personal information).

The continued use of the representative Standing Stone item selected by the seniors will be fully placed at the senior's discretion whether they will continue to use it or not. However, the participants will be encouraged, if they feel they have sufficiently grieved the loss of their loved one in this way, that they are free to use the item in another way or discontinue use all together. Senior ministerial leadership kept appraised of the study for their seniors, will be reminded of the senior's need for receiving continued ministry attention and support. The seniors should still be monitored by their extended support group and their potentially vulnerable status be taken into consideration. The substantial church list of recommended professional counselors and psychology related doctors and resources will be provided or made available to every participant of this study at the beginning stages. They will also be reminded of them again at the end of the project.

III. Participant Population

- Provide a description of the participant population.

The available church, due to the researchers own affiliation, is a Southern Baptist affiliated congregation located in Northeast Florida. The church enjoys a total membership of approximately fourteen-hundred active attenders, many of which are over the age of forty-five. Being a popular location for retirement, the church also enjoys a large population of seniors over the age of sixty-five. The cross section of these senior attenders is a mixture of locally born and raised types to others who have relocated from various parts of the United States. As a result, there are a variety of American micro-cultures that have combined to form the current church. The Baptist congregation is majority white and most likely of European descent.

The church is a large, mostly modern campus that consists of two worship buildings. One is a large, contemporary worship center, which can comfortably seat approximately nine-hundred attenders. The style is considered casual and informal, as is the worship music and the services. The other building is a traditional sanctuary, which seats approximately three-hundred attenders. With its pews, baptismal, and choir section, it offers a more formal setting and worship experience. The music and service are more in keeping with an older, more traditional, conservative Baptist variety. However, since the congregation consists of so many converging American sub-cultures, it causes there to be a cohabitation of both formal and informal cultures. The church's theology, doctrine, attitudes, and religiosity fall comfortably in the middle of a conservative verses progressively modern evangelistic type assembly.

Many new visitors to the church, whether accustomed to American Christian worship or not, have been known to feel comfortable and not too under or overwhelmed. This particular Southern Baptist congregation, currently representing the denomination for this study's purposes, is also an adequate group to test the viability for introducing the additional mourning practices in churches throughout America. Although different from other denominations, but like minded in the authority of Scripture and in agreement for the Lordship of Jesus Christ, they are also average in beliefs and religious practices that are currently taking place in America. In particular, where grief and mourning are concerned, the American churches are all equal participants in one way or another. Grief is what is felt when a loss is experienced and mourning is the outward expression for the loss. These two aspects of life, all churches and denominations in America have in common.

In the project, the groups to be tested will be two groups of seven and fourteen seniors in each (no more than twenty-one participants total), over the age of sixty-five, to be approximately equal in number, both male and female from the church. These seniors will all be used to analyze and prove or disprove whether adding the element of the Standing Stones would create less suffering, more, or make no difference for senior Christians who have recently experienced the loss of a spouse or loved one. The participants will be made up of the following two types of groups who recently became elderly widows or widowers with in the last one to five years:

1. Active church attenders, like those described above, who have recently experienced the death of a spouse or loved one. (They will participate in the three questionnaires but will not use the Standing Stones mourning practice).

2. Active church attenders, like those described above, who have recently experienced the death of a spouse or loved one who will incorporate the Standing Stones elements into their prescribed extended grief periods.

As a current member of the church with over eight years attending, due to the affiliation with the Seniors ministry at the church, this thesis-project researcher enjoys many intimate and trusting relationships with the senior attenders. Because of the benefit of having these personal relationships, expanded access to the church staff and the seniors are available. There are several senior *Lifegroups,* better known as Bible Study groups, that meet separately with over fifteen to twenty seniors belonging to each. Easy access is available for coordination and consultation purposes with the Senior Pastor and the Lifegroup leaders who are personally known by the researcher.

Two or more of the larger Lifegroups will be discreetly approached through their leadership to solicit the volunteers before, during, or after the group's gathering times at their classroom locations. Having personal knowledge, or knowing others that do, and also having limited access to the church's senior records will assist in pre-identifying potential candidates with in the Lifegroups. Personally known, are most of the seniors, their behaviors, sensibilities and their individual situations. Only those seniors who are considered well supported emotionally and are stable will be considered. Once these

types have been identified, have been approached, and initial verbal agreements been made, a personal fifteen-minute to thirty-minute meeting will be set-up to take place at the end of one of their next Lifegroup gatherings.

Also, the details of the study will be expounded upon, signed permission obtained, instructions for the study understood and scheduling the next time to speak by phone will be confirmed. They will participate and fill out the first thirty-three question questionnaire at this time as well. After this, arrangements for participating in the mid-point survey of thirty-three questions will be discussed, and then the (remembrance practice group only) will receive the handout entitled "Grief-care Handout" that describes the introduction of the mourning practice theology and the biblical purposes. If at any time, any participant feels negative or wants to discontinue their participation, they will be strongly encouraged to do so without delay.

The seniors will then be contacted by phone or approached at one of their next Lifegroup gatherings to discuss their Standing Stone element they have chosen and to confirm their understanding of their responsibilities. Periodically, the seniors will be checked in on and subsequent meetings or discussions will take place throughout the study period. They will be requested to fill out another survey questionnaire midway and at the end of their prescribed mouring time period. There will not be any special conditions or environments involved. Only church offices, classrooms, sanctuaries, or the campus's meeting rooms will be utilized. There will be no special groups involved other than those Lifegroups that the seniors are already actively engaged in.

IV. Anonymity and Confidentiality

- Indicate how the results of the research will be reported (e.g., group data, individual cases, etc.), anonymity of the participants will be maintained, privacy will be obtained from participant, confidentiality of the participants will be maintained and where and how identifying information will be stored.

Throughout the program, maintaining and respecting the privacy of the participants will be kept an utmost priority. All the physical material produced in the study of the participants will be sealed and placed in secure storage only accessible by the researcher. Upon first opportunity following the last needed use of the personal information collected, it will be destroyed and the names of those involved will not be revealed at any time in the future. With permission given by the participants of the study, select senior ministerial staff will be informed, in general, of the study and briefed on the status of the study during and upon completion of it. Names will not be used when writing any portion of the thesis. In addition, no names will be used or revealed with anyone, to include any agencies, organizations or learning institutions.

The results of the three questionnaires, the ones given before, during and after for the six month study period, will be recorded and no results shared during the thesis-project testing periods. In addition, the participants will be advised not to share

their thoughts, feelings, or answers with any other participant they may know or learn of. The results will be personally collected by the researcher at the time of filling out the questionnaires by the seniors. They will not place their names on them. They will place the completed questionnaires back in the large, blank envelopes they were provided, thus keeping the questionnaires private and anonymous. Only upon completion of the program's entire grief-study time period will the results of an individual senior, if requested by them, be shared with them.

For these sharing purposes, at the beginning of the study, the seniors will be assigned a number and will be given corresponding questionnaires with the same numbers, like one through twenty-one, for example. Upon request, the senior's individual questionnaire results will be shared with them at the end of the study. They can choose that the results be conveyed to them by the researcher either in person or by phone. The results will consist of conveying to the seniors what their answers, (the one's tracked over the study's prescribed time period), revealed about them. For either the seniors who had the prescribed mourning practice emplaced or the group of seniors that did not, their answers should indicate whether the time spent over the course of the study period helped them feel better, stayed feeling about the same, or they actually felt worse as a result.

This will complete the testing period of this thesis-project. Thank you letters and contact information will be sent to all involved.

SUMMARY OF KEY RISKS

Check all types of participants that will be included in your project:

☐ A minor (a person under 18 years old)
☐ A person with a disability (e.g., mental retardation)
☐ A person suffering from a terminal disease (e.g., AIDS)
☐ An institutionalized person (e.g., hospitalized)
☐ A person who could feel compelled to participate

Check all potential risks that apply:

☐ Participants are exposed to any form of deceptive research practices (e.g., not being told what the project is really about)
☐ Participants are exposed to physical harm
☐ Participants are asked socially sensitive information, which, if revealed, could place the participant at risk for civil or criminal liability or damage their financial standing, employability, or reputation
☐ Someone could use the information collected to identify a participant with certainty, i.e., participants are audio or video recorded.
☐ Participants can be identified and the data are <u>not</u> kept locked up, secure, and confidential.

If you checked any of the boxes above, please describe how you will manage the risk(s).

To the best of my knowledge, all information above is accurate and complete.

_____ _____
Student signature Date

I have reviewed a summary of the project's protections of human protections.

_____ _____
Mentor signature Date

☐ Mentor recommends no further review; no significant risks identified in this expedited review
☐ Mentor recommends for full review

_____ _____
Director of the DMIN program signature Date

☐ D. Min. Director recommends no further review; no significant risks identified in this expedited review
☐ D. Min. Director recommends for full review

_____ _____
IRB Chair Date

☐ IRB Chair recommends no further review; no significant risks identified in this expedited review
☐ IRB Chair recommends for full review

APPENDIX D

IRB INFORMED CONSENT FORM

Project Title: **Grief-care and Grief-recovery for the Twenty-First Century**
Principal Investigator: **Don Kabrich, Gordon-Conwell Theological Seminary, Doctoral Studies and Thesis-Project**

PURPOSE

This is a research study. The purpose of this research study is designed to explore the process of mourning that takes place after we experience the loss of our spouses or loved ones. By utilizing questionnaires, we hope the answers to basic questions pertaining to grief can shed light on this important subject. The information you provide will be helpful for possibly finding ways that can improve the process of mourning. How Christians in America currently conduct grief-care and grief-recovery, may provide powerful insights as to what should be implemented or modified moving forward into the twenty-first century. The purpose of this consent form is to give you the information you will need to help decide whether to be in the study or not. You may ask any questions about the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear.

We are inviting you to participate in this research study because you regularly attend Xxxxxxx Baptist Church, belong to a lifegroup, are 65 or older, have recently experienced the death of someone significant to your life and you are not currently experiencing any major medical issues or significant personal distress.

PROCEDURES

If you agree to participate, your involvement will last for up to six months. You will be asked to fill out three separate questionnaires with thirty-three questions that takes approximately ten minutes to complete. You will be provided the opportunity to fill them out at the beginning of the prescribed time period, the middle, and once at the end. The first and last contact that takes place will be a few minutes longer to explain other aspects of the study.

The following procedures are involved in this study: After completing and signing the consent to participate, the study will then formally begin. You and any other participants will be seniors over the age of 65 who have recently experienced the death of a spouse or loved one. At this first official meeting, you will be given the opportunity to fill out the first questionnaire, called “before program is applied” version. Once you have finished your questionnaire, identified by only the number placed on it, it will be placed back in its corresponding numbered envelope. The researcher will then take your envelope back to secure research area along with any others and use the raw data in them to begin obtaining research study results. A two page information handout will also be given you that you can take home to read. Also, a next date to meet midway through the study period will be agreed upon.

At this midway point in the vicinity of your Lifegroup meeting area (making sure to contact you beforehand to confirm the upcoming meeting), you will be asked to complete the second of three questionnaires that you will receive. This questionnaire will be considered the “during program is applied” version. In the same way, you will fill out the questionnaire and place back into the envelope where the researcher will take back control of it as before. All

three questionnaires will be the same but are expected to be filled-out as you presently feel. They are to be completed before, at the mid-point of the intended study period, and then directly after the overall period is complete. You will be given an opportunity to ask more questions and to offer your thoughts during these times. You are also encouraged to leave the voluntary program, if you feel uncomfortable or have any concerns.

At the last meeting that you and the researcher have agreed upon and was confirmed again as before, you will fill out the last questionnaire, named the "after program is applied" version. Once complete, you and the researcher will exchange the envelope as before. He will provide you some additional information pertaining to the study of two to three pages. If you wish to obtain feedback about your answers, a time will be set to take place in person or by phone to provide you with the findings pertaining to you in relation to the research results. This will conclude your involvement in the research study project.

RISKS

The possible risks associated with participating in this research project are as follows. All involved will be thoroughly briefed and informed about the purpose, scope, and potential negative feelings that could be experienced. No unnecessary querying or interview questions will be asked. Some questions may cause an emotional reaction. However, you will have a thorough understanding about the type questions that will be asked of you in advance. You will be given opportunity to contact the researcher by phone or email to ask questions or offer your thoughts about the project at any time. If at any time, you feel negative or want to discontinue your participation, you are strongly encouraged to do so without delay.

The Senior pastor will be encouraged to remember, in general, those in the church who have recently experienced the loss of their spouse or loved ones. A need exists for receiving continued prayer, support and attention. You are advised to stay connected to your extended support group, other health agencies, and lifegroup. It is important to understand the nature of grief and the potentially vulnerable state that can exist when dealing with feelings associated to it. The church's substantial list of recommended professional counselors and psychology related doctors and resources will be provided and made available to you at the beginning of the study. You will also be reminded of them again at the end of the project. If you know of any besides yourself, you are advised not to share your thoughts, feelings or answers with the other participants. But you are encouraged to share them with your trusted healthcare professionals should you feel the need.

BENEFITS

The potential personal benefits that may occur as a result of your participation in this study may be numerous. The positive effects that can occur for having participated in this research project that aims to help others to process their grief in a more complete and healthy way is a wonderful prospect in itself. It is possible that your participation in this study could even bring you a greater sense of complete healing and peace. In the future, there may be new approaches implemented that decrease suffering as a result of those losing someone close to them. Studies like these can make a huge difference to this end.

COMPENSATION

You will not be compensated for participating in this research project.

CONFIDENTIALITY

Records of participation in this research project will be kept confidential to the extent permitted by law. Throughout the program, maintaining and respecting your privacy will be kept an utmost priority. All your physical material produced in the study will be sealed and placed in secure storage only accessible to the researcher. Upon first opportunity following the last needed use of your collected questionnaire information, it will be destroyed. Your name will not be revealed at any time in the future. With permission given by you, only select senior ministerial staff will be informed, in general, of the study and briefed on the status of the study during and upon completion of it. Using the numbering system to label the questionnaires and envelopes helps facilitate keeping your answers anonymous.

Only upon completion of the program will your results, if requested by you, be shared with you and only you. Additionally, only secure church offices, classrooms, sanctuaries, or the campus's meeting rooms will be utilized for communications purposes pertaining to the study. There will be no special groups involved other than your lifegroup and location, that is, if you so desire they be used. Names will not be used when writing any portion of the thesis. In addition, no names will be used or revealed with anyone, to include any agencies, organizations or learning institutions. In the event of any report or publication being created from this study, your identity will not be disclosed. Results will be reported in a summarized manner in such a way that you cannot be identified.

VOLUNTARY PARTICIPATION

Taking part in this research study is voluntary. You may choose not to take part at all. If you agree to participate in this study, you may stop participating at any time. If you decide not to take part, or if you stop participating at any time, your decision will not result in any penalty or loss of benefits to which you may otherwise be entitled. The information you provided will be destroyed as soon as you withdraw from the study.

QUESTIONS

Questions are encouraged. If you have any questions about this research project, please contact: Don Kabrich, xxx xxx-xxxx, donxxxxx@xxxxx.com. If you have questions about your rights as a participant, please contact the Co-Chair of the Institutional Review Board, Dr. Xxxxx A. Xxxxxx, at: xxxxxxx@gordonconwell.edu or xxx-xxx-xxxx.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant's Name (printed):

_____

_____ _____

(Signature of Participant) (Date)

RESEARCHER STATEMENT

I have discussed the above points with the participant. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

Researcher's Name (Printed):

_____

_____ _____

(Signature of Researcher) (Date)

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Activities and Societies:

Cultural Anthropology, Culture and Conflict, Culture and Personality, System of Social Theory, Method Social Psychology, Psychology, Sociology and Social Statistics
1990 – 1993

Master of Arts - Christian Thought (M.CT), Biblical, Theological, and Ancient Language Studies, Gordon-Conwell Theological Seminary, South Hamilton, MA, 2018

Years of D.Min. Work, Pastoral Theology in Practice: 2018-2022, Gordon-Conwell Theological Seminary, South Hamilton, MA, Expected Graduation: May 2022

Career Experience (US Military) 22 years Army Special Forces Operations and 29 years Total Service

Overview of prior experience:

5th SFG(A) Special Forces Warrant Officer, Engineer Sergeant; 351st Civil Affairs Command GS-08 Information Systems Manager (IMO); 445th Civil Affairs Company Displaced Persons, Refugees and Evacuees (DPRE) Specialist; Combat Development Experiment Center (CDEC), Fort Hunter Liggett, CA; US Army Europe (USAEUR), Heidelberg, GE

Recent Ministry Experience:

2013 to 2021 - ABC Church Senior Adult Pastor – St. Augustine/St. John's County, FL. Responsible for serving, shepherding, and creating a complete ministry to approximately 800 Senior Adults at Anastasia Baptist Church.

Non-Church Member Benevolence Fund Minister
Hospital and Assisted Living Visitation Minister
Saint Francis House Sunday Service Minister
Pastor Directed Crisis Counseling and Assistance Provider
Church Mission to India Pastor, Evangelist, and Minister for Church Plant
Church Mission to France Co-Pastor
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